



**CITY OF MILLERSVILLE**  
**BUILDING DEPARTMENT**  
**1246 LOUISVILLE HIGHWAY**  
**MILLERSVILLE, TENNESSEE 37072**  
**Telephone 615-859-0880**

### Commercial/Industrial and Multi-Family Building Permit Application

Permit # \_\_\_\_\_

<b>Project and Owner Information:</b>	<i>An incomplete application will delay processing this application</i>
Project address:	Zip Code:
Subdivision: (If applicable)	Map and Parcel #:

<b>Type of Property:</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi-Family	
Owner/Tenants Name:	Owner/Tenant Phone:			
Address:	City:	State:	Zip:	
E-mail:				

<b>Contractor Information</b>			
Company:	Contact Person:		
Address:	City:	State:	Zip:
Phone:	State of TN License#:		
	City Business License #:		
Email Address:			
<b>Scope of work:</b>			

<b>Type of Improvement</b>				
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation only
<input type="checkbox"/> Interior Demolition	<input type="checkbox"/> Change of Use Prior use _____ New Use _____			
<input type="checkbox"/> Relocate Structure	<input type="checkbox"/> Temporary Structure (>120 s.f. & <180 days)			

<b>Use Group and Occupancy</b>	
Use Group/s: (circle all that apply) A B E F H I M S U	Type of Construction: (circle all that apply) 1A 1B 2A 2B 3A 3B 4 5A 5B

Building Information				
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No			Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building height above grade _____ feet _____ inches			Number of stories above grade _____	
Floor Area Square Feet	Existing Area S/F	Remodel/Alteration S/F	New/Addition S/F	Total Per Floor
Basement				
1 <sup>st</sup> Floor				
2 <sup>nd</sup> Floor				
Mezzanine/Additional:				
Other:				
				Total All Floors

Project Cost
Total cost of project (all trades) Include labor, materials and equipment: \$ _____

Design Professionals	
Architect:	Civil/Prof. Engineer:
Company:	Company:
Phone:	Phone:
E-Mail:	E-Mail:
License #:	License #:

Mechanical Contractor	Plumbing Contractor
Company:	Company:
Phone:	Phone:
Electrical Contractor	Other Contractor
Company:	Company:
Phone:	Phone:
	List: _____
Fire Sprinkler Contractor	Fire Alarm Contractor
Company:	Company:
Phone:	Phone:

### Applicants Certificate

Property Owner  Architect  Engineer  Contractor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The information submitted in this project application may be used by the City of Millersville and/or any of its contractors or consultants. By signing below, you certify that you are the owner of record of the named property, or that the proposed work has been authorized by the owner of record and that you have been authorized by the owner to make this application as his/her/ their authorized agent. You agree to conform to all applicable laws, statutes, ordinances, and codes of this jurisdiction, including those adopted by reference. If the City issues a permit for the work described in this project, you certify that the City's Building Official or the Building Official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforcement the provisions of the laws, statutes, ordinances and codes applicable to such permit. I certify that the information and exhibits herewith are true and correct.



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## Plumbing Permit Application

<b>Project and Owner Information:</b>	<i>An incomplete application will delay processing this application</i>
Project Address:	

<b>Type of Property:</b>	<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial/Industrial
Owner's Name:	Phone:		
Owner's Address (if different)	E-mail:		
City:	State:	Zip Code:	

<b>Contractor Information</b>			
Company:		Contact Person:	
Address:	City:	State:	Zip:
Phone:	State of TN. License #:		
Email Address:	City Business License #:		
Scope of work:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel/Addition	<input type="checkbox"/> Equipment Change-Out
Scope of work:			

<b>Equipment Information:</b>	<input type="checkbox"/> City Water	<input type="checkbox"/> Well	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic
<b>Septic Approval Letter Included?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Water Heater:</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Combination	

<b>Project Valuation:</b>
Total Cost of Project: \$_____ (Include labor, materials, equipment) Total s/f of work: _____
<input type="checkbox"/> <b><u>Plumbing quote is required for commercial/industrial projects</u></b>
Applicant's signature _____ Date: _____
<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor
<small>This permit becomes invalid if work does not begin within 90 days of permit issuance and/or the work is abandoned for more than 90 days since the last inspection. If the registered contractor abandons the project a new contractor must re-apply for a new mechanical permit.</small>



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## Mechanical Permit Application

<b>Project and Owner Information:</b>	<i>An incomplete application will delay processing this application</i>
Project Address:	

<b>Type of Property:</b>	<input type="checkbox"/> One Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial/Industrial
Owner's Name:	Phone:		
Owner's Address (if different)	E-mail:		
City:	State:	Zip Code:	

<b>Contractor Information</b>			
Company:		Contact Person:	
Address:	City:	State:	Zip:
Phone:	State of TN. License #:		
Email Address:	City Business License #:		
Scope of work:	<input type="checkbox"/> New Construction	<input type="checkbox"/> Remodel/Addition	<input type="checkbox"/> Equipment Change-Out
Scope of work:			

<b>Description of Work:</b>	
Load calc's Included: <input type="checkbox"/> Manual J (new construction) <input type="checkbox"/> Block Load (change-out only) <input type="checkbox"/> Comcheck or Rescheck <input type="checkbox"/> HERS	Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Combination Cooling: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Combination

<b>Project Valuation:</b>
Total Cost of Project: \$ _____ (Include labor, materials, equipment) Total s/f of work: _____
<input type="checkbox"/> <b><u>Mechanical quote is required for commercial/industrial projects</u></b>
Applicant's signature _____ Date: _____
<input type="checkbox"/> Homeowner <input type="checkbox"/> Contractor
<small>This permit becomes invalid if work does not begin within 90 days of permit issuance and/or the work is abandoned for more than 90 days since the last inspection. If the registered contractor abandons the project a new contractor must re-apply for a new mechanical permit.</small>