



Town of Kingston Springs
 Building and Codes Department
 PO Box 256
 396 Spring Street
 Kingston Springs, TN 37082
 T. 615-952-2110 ext. 4

Building Permit Application

Permit Number: _____

Expiration Date: _____

Type of Permit:	<input type="checkbox"/> Residential	<input type="checkbox"/> Addition:	<input type="checkbox"/> Remodel/Repair	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Driveway
Project Address:				Parcel ID#	
Property Owner:				Phone:	
Address:				E-mail:	
City, State, Zip					
Contractor Information:					
Business Name:				Contact Name:	
Address:				Phone:	
City, State, Zip				E-mail:	
State License Number:				Cheatham County Business License #:	

Project Information:			
Total cost of project:			
Scope of work:			
Square Feet Information	Existing s/f – <u>complete for additions only</u>	New s/f – added to existing footprint	Total s/f
First floor:			
Second floor:			
Basement:			
Attached Garage			
Detached Garage			
Accessory Structure			
Deck			
Covered Porch/Patio			
Driveway			

Utility Information:			
Water System:	<input type="checkbox"/> Utility Provided	<input type="checkbox"/> Well	<input type="checkbox"/> Private System
Sewer System:	<input type="checkbox"/> City Sewer	<input type="checkbox"/> Septic Only	



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Site Plan

(May include on separate sheet)

	Distance to and location of any critical area, such as stream, creek, river, irrigation ditch, floodplain
	Street frontage
	Access/Driveway
	Lot lines and dimensions
	Location of all structures and specific use (any new buildings will require building permits)
	Location of well, septic, and drain field
	Distances between all structures and property lines
	Easements and/or right-of-way and any overhead or underground utility lines

I hereby certify that all work related to this application will be performed in accordance with all applicable Town and State laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct. I further certify that I am the owner of record or an authorized agent of the property owner listed on this application and have authority to make application for work to be performed.

Property Owner Contractor

Signature: _____ Print Name: _____ Date: _____

ZONING REQUIREMENTS

It is the responsibility of the applicant to comply with the placement of any improvements on a lot (footings, foundation, etc.) in accordance with the minimum required building setback lines on the front, rear, and side of the property. These requirements are set by the Zoning District the property is located in, as well as by other plans, plats or restrictive covenants of record. The Town of Kingston Springs and its planning commission will gladly provide information on setback requirements established by the town's zoning ordinance, but is not responsible for providing information or enforcing requirements from plats of record or restrictive covenants.

The applicant must determine that all minimum setback requirements are met and are strongly encouraged to use a licensed surveyor to establish certainty. Additionally, it is the applicant's responsibility to place the improvement within the building envelope and not encroach upon restricted lot areas such as the septic disposal field and public utility and drainage easements. Should this office question the placement of the building at the time of the footing inspection, a surveyor's certificate will be required. However, it may have a financial impact on the applicant with regard to third parties such as a mortgage lender. If you have any questions, please contact the Building Inspector.

I have read and understand the Town of Kingston Springs policy regarding setback requirements and I hereby certify that all work related to this application will be performed in accordance with all applicable town, and state laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct. I further certify that I am the owner or an authorized agent of the property owner listed in this application, and have authority to make application for work to be performed.

In addition, I have reviewed the Kingston Springs Developers Packet related to Residential and/or Commercial development and understand the requirements therein, and I hereby certify that all work related to this application will be performed in accordance with those requirements.

Applicant Signature _____ Date: _____

Applicant Printed Name _____

OFFICE USE ONLY

APPLICANT DO NOT WRITE BELOW THIS LINE

Approved/Rejected:

Zoning/Land Use: _____ Date: _____

Building Official: _____ Date: _____

COMMENTS:

****DOUBLE PERMIT FEES WILL BE CHARGED FOR WORK STARTED PRIOR TO OBTAINING PERMITS****

Permit Fees:

Residential Building Permit:	Total sq.ft.: _____	X \$0.75 = \$ _____	(32610)
Adequate Facilities Tax:	Total sq.ft.: _____	X \$0.40 = \$ _____	(310-32620)
Residential Addition:	Total sq.ft.: _____	X \$0.75 = \$ _____	(32610)
Residential Remodeling Permit:	Total sq.ft.: _____	X \$0.25 = \$ _____	(32610)
Residential Sewer Hook Up:	Tank Gallons: _____	X \$1.00 = \$ _____	(412-37297)
Commercial Building Permit:	1% of current ICC Valuation Table =	\$ _____	(32610)
Commercial Remodeling Permit:	0.5% of current ICC Valuation Table =	\$ _____	(32610)
Commercial Sewer Hook Up:	Tank Gallons: _____	X \$2.00 = \$ _____	(412-37297)
Commercial Kitchen Hood Review:	\$500.00 per hood =	\$ _____	(412-37297)

Cheatham County Development Tax: \$50.00 due at Permit Issuance. Remaining balance of \$950.00 due at issuance of Certificate of Occupancy.

TOTAL PERMIT FEE DUE: \$ _____ (other fees may still apply)

Date Paid: _____

Amount Paid: _____

Receipt Number: _____