



CITY OF SAVANNAH  
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 Savannah, TN 38372

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## Application for Building Permit

<b>Property Location</b>	Address: _____ City: _____ State: _____ Zip Code: _____ Map#: _____															
<b>Permit Type</b>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Single Family</td> <td><input type="checkbox"/> Mfg. Home</td> <td><input type="checkbox"/> Pool</td> </tr> <tr> <td><input type="checkbox"/> Duplex</td> <td><input type="checkbox"/> Garage</td> <td><input type="checkbox"/> Porch</td> </tr> <tr> <td><input type="checkbox"/> Condo</td> <td><input type="checkbox"/> Carport</td> <td><input type="checkbox"/> Deck</td> </tr> <tr> <td><input type="checkbox"/> Town Home</td> <td><input type="checkbox"/> Patio</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Apartment</td> <td><input type="checkbox"/> # of Bedrooms</td> <td><input type="checkbox"/> # of Bathrooms</td> </tr> </table> <p><b><u>Description of Work To Be Performed:</u></b>  <input type="checkbox"/> New Construction    <input type="checkbox"/> Demolition  <input type="checkbox"/> Alteration/Remodel    <input type="checkbox"/> Move/Relocation  <input type="checkbox"/> Repair/Replacement    <input type="checkbox"/> Addition SQ FT: _____</p> <p><b><u>Building Information:</u></b>        Total Sq ft: _____        # of Stories: _____        Const. Cost: _____</p>	<input type="checkbox"/> Single Family	<input type="checkbox"/> Mfg. Home	<input type="checkbox"/> Pool	<input type="checkbox"/> Duplex	<input type="checkbox"/> Garage	<input type="checkbox"/> Porch	<input type="checkbox"/> Condo	<input type="checkbox"/> Carport	<input type="checkbox"/> Deck	<input type="checkbox"/> Town Home	<input type="checkbox"/> Patio	<input type="checkbox"/> Other	<input type="checkbox"/> Apartment	<input type="checkbox"/> # of Bedrooms	<input type="checkbox"/> # of Bathrooms
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<b>Describe Work</b>																
<b>Property Owner</b> (must be completed)	Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____															
<b>Contractor</b> (License & Insurance Required for Jobs \$25,000 and above)	TN License# _____ Name: _____ Address: _____ City/State: _____ Zip Code: _____ Phone: _____ Email: _____															

\* The permit, after issuance, becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspend or abandoned for a period of 6 months at any time after work is commenced. In the event of misrepresentation of fact, false statement, or incorrect information on this application or on plans which the permit or approval was based, the permit may be revoked.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

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

Print Name: \_\_\_\_\_ Applicant Phone #: \_\_\_\_\_