Ashland City Fire, Building & Life Safety Department
101 Court Street
Ashland City TN 37015
Fire & Life Safety: (615) 792-4531 – Building Codes (615) 792-6455

Permit No._____
Approved by:_____
Date:_____

Application for Commercial Building Permit

Property Location

Business Name: _____

Address: _____

City/State/Zip: _____ County: _____

Permit Type & Proposed Use

Designated Occupancy Classification per IBC

- ___ Assembly (A1-A5)
- ___ Business (B)
- ___ Education (E)
- ___ Factory/Industry
- ___ High Hazard (H1-H5)
- ___ Institutional (I1-I14)
- ___ Mercantile (M)
- ___ Storage (S1, S2)
- ___ Utility & Misc (U)

Building Information

Total Sq Ft: _____
# of Stories:_____

Construction Cost: _____

Parking

# of Spaces _____
Enclosed: _____
Outdoor: _____

Flood Plain: (Circle one) YES NO ***If yes, Certificate of Finished Floor Elevation required**

Description of Work to Be Preformed:

- ___ New Construction
- ___ Alteration/Remodel
- ___ Wrecking/Demolition
- ___ Tenant Infill/Build Out
- ___ Move/Relocation
- ___ Repair/Replacement
- ___ Addition:_____

Building Characteristics:
Type of Frame: ___ Wood ___ Masonry ___ Structural Steel ___ Reinforced concrete ___ Other:_____
Type of Heating Fuel: ___ Gas ___ Electricity ___ Other: _____
Type of Mechanical ___ Central Air Conditioning ___ Geothermal ___ Other: _____
Type of Water Supply: ___ Public or Private Co. ___ Private (well) ___ Other: _____
Type of Sewage: ___ Public or Private Co. ___ Private (septic Tank) ___ Other:_____

Special Building /Site Feature: Grease Trap size: _____ gallons Driveway concrete culvert size: _____ inches
___ Medical Gas ___ Elevator ___ Fire Suppression System

Property Owner

Name: _____ Phone:_____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Email:_____

Contractor

(License & Insurance Required for jobs $25,000 and above)

TN License # _____ Insurance # _____ Email: _____

Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____

Required: 3 full sets of Construction Plans (print copies), 1 set emailed to jmcclain@ashlandcitytn.gov , including Contractor Licenses & Insurance.

_____ _____
Applicant Signature Date Building Inspector Signature Date