DEMOLITION PERMIT

City of Pigeon Forge, TN

Applicant to complete numbered spaces only

	Job Address						Permit #
1	Legal Description	Lot Number	Block	Map	Group	Parcel	Subdivision
2	Name	Mail Address			Zip		Phone
3	Contractor	Mail Address			Phone		Registration Number
4	Architect or Designer	Mail Address			Phone		Registration Number
5	Engineer	Mail Address			Phone		Registration Number
6	Use of Building						
7	**Class of Work:**	☐ **New**	☐ **Addition**	☐**Aleteration**	☐**Repair**	☐**Move**	☐**Remove**
8	Describe Work						
9	Valuation of Work			Plan Review Fee		Permit Fee	

Special Conditions:	Type of Const.	Occupancy Group
Additional requirements may be made on field inspection.	Size of Bldg. Total Sq. Ft.	No. of Stories
	Fire Zone	Use Zone

Division	Max. Occ. Load	Fire Sprinkler Required? Yes ☐ No ☐

Application Accept-ed by:	Plans Checked by:	Approved for Issuance by:

Number Dwelling Units	OFF STREET PARKING SPACES Covered / Uncovered

NOTICE:

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN SIX MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

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 be 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 or construction.

Special Approvals	Required	Received	Not Required
ZONING			
HEALTH DEPT.			
FIRE DEPT.			
SOIL REPORT			
OTHER (Specify)			

Signature of Contractor or Authorized Agent Date

Signature of Owner (if Owner is Builder) Date

PLAN CHECK VALIDATION: CK. M.O. CASH PERMIT VALIDATION: CK. M.O. CASH