

# FOUNDATION PERMIT

City of Pigeon Forge, TN

*Applicant to complete numbered spaces only*

1	Job Address						Permit Number
2	Legal Description	Lot Number	Block	Map	Group	Parcel	Subdivision
3	Owner's Name		Mail Address			Zip	Phone
4	Contractor		Mail Address			Phone	Registration Number
5	Architect or Designer		Mail Address			Phone	Registration Number
6	Engineer		Mail Address			Phone	Registration Number
7	Use of Building						
8	<b>Class of Work:</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Aleration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove						
9	Describe Work						
9	Valuation of Work		Plan Review Fee		Permit Fee		
<b>Special Conditions:</b>			Type of Const.	Occupancy Group	Division		
Additional requirements may be made on field inspection.			Size of Bldg.	No. of Stories	Max. Occ. Load		
This permit is for foundation only in accordance with the 1999 Satndard Building Code section 104. A survey of the foundation must be provided to this office verifying proper placement with setbacks before further construction is approved.			Total Sq. Ft.	Use Zone	Fire Sprinkler Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Application Accepted by:	Plans Checked by:	Approved for Issuance by:	Number Dwelling Units	OFF STREET PARKING SPACES Covered      Uncovered			
<p style="text-align: center;"><b>NOTICE:</b></p> <p><b>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.</b></p> <p>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.</p>			<b>Special Approvals</b>	<b>Required</b>	<b>Received</b>	<b>Not Required</b>	
			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