

MOVING 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	Class of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Aleteration <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Move <input type="checkbox"/> Remove						
9	Describe Work						
9	Valuation of Work			Plan Review Fee		Permit Fee	
					\$25.00		
Special Conditions:			Type of Const.	Occupancy Group		Division	
Additional requirements may be made on field inspection.			N/A	N/A			
			Size of Bldg.	No. of Stories		Max. Occ. Load	
			N/A	N/A			
			Fire Zone	Use Zone		Fire Sprinkler Required?	
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application Accepted by:		Plans Checked by:	Approved for Issuance by:		OFF STREET PARKING SPACES		
					Covered	Uncovered	
<p style="text-align: center;">NOTICE:</p> <p>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.</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>			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