



CITY OF PORTLAND

BUILDING DEPARTMENT
 100 SOUTH RUSSELL STREET
 PORTLAND, TENNESSEE 37148
 Telephone 615/325-6776
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Email: buildingdepartment@cityofportlandtn.gov

Residential / Accessory Building Permit Application

Permit # _____

Project and Owner Information:	<i>An incomplete application will delay processing this application</i>
Project address:	Zone District:
The Structure is located: <input type="checkbox"/> City of Portland <input type="checkbox"/> Planning Region	Map/Parcel #:
Subdivision: (If Applicable)	

Type of Property:	<input type="checkbox"/> 1-Family (R-3)	<input type="checkbox"/> 2-Family (R-3)	<input type="checkbox"/> Accessory Structure
Owners Name:	Owners Phone:		
Owners Address:	City:	State:	Zip:

Contractor Information			
Company:	Contact Person:		
Address:	City:	State:	Zip:
Phone:	State of TN License #:		
	City Business License #:		
Email Address:			
Scope of Work:			

Type of Improvement				
<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Covered Patio/Porch
<input type="checkbox"/> Detach Garage	<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Shed	<input type="checkbox"/> Deck	<input type="checkbox"/> Other – explain in scope of work

House Details			
Utilities: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Water: <input type="checkbox"/> City Water <input type="checkbox"/> Well	Waste: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic System	
Number of bedrooms: _____		Number of bathrooms: _____ Full _____ Partial	
Foundation <input type="checkbox"/> Slab <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement	Garage: <input type="checkbox"/> Attached		

Building Information

Number of stories above grade _____.

Floor Area Square Feet	Existing Area S/F	Remodel/Alteration S/F	New/Addition S/F	Total Per Floor
1 st Floor				
2 nd Floor				
Basement				
Attached Garage				
Detach Garage				
Deck				
Covered Porches/Patios				
Pole Barn / Shed				
			Total	

Mechanical Contractor**Plumbing Contractor**

Company Name:	Company Name:
Phone:	Phone:

Electrical Contractor**Other Contractor**

Company Name:	Company Name:
Phone:	Phone:

Project Cost, Construction Dates & Designated party to pay permit fee's

Total Cost of project (all trades) Include labor, materials and equipment:

\$ _____

Applicants Certificate
 Homeowner Contractor/Agent

Signature: _____ Date: _____

Print Name: _____ Phone: _____