



CITY OF PORTLAND

BUILDING DEPARTMENT
 100 SOUTH RUSSELL STREET
 PORTLAND, TENNESSEE 37148
 Telephone 615/325-6776

INSPECTION HOTLINE: 615-805-3080

Email: buildingdepartment@cityofportlandtn.gov

Commercial/Industrial and Multi-Family Building Permit Application

Permit # _____

Project and Owner Information:	<i>An incomplete application will delay processing this application</i>
Project address:	Zip Code:
Subdivision: (If applicable)	Map and Parcel #:

Type of Property:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Multi-Family	
Owner/Tenants Name:	Owner/Tenant Phone:			
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 Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Foundation only
<input type="checkbox"/> Interior Demolition	<input type="checkbox"/> Change of Use			
	Prior use _____		New Use _____	
<input type="checkbox"/> Relocate Structure	<input type="checkbox"/> Temporary Structure (>120 s.f. & <180 days)			

Use Group and Occupancy	
Use Group/s: (circle all that apply) A B E F H I M S U	Type of Construction: (circle all that apply) 1A 1B 2A 2B 3A 3B 4 5A 5B

Building InformationFire Sprinkler Yes NoFire Alarm Yes No

Building height above grade _____ feet _____ inches

Number of stories above grade _____

Floor Area Square Feet	Existing Area S/F	Remodel/Alteration S/F	New/Addition S/F	Total Per Floor
Basement				
1 st Floor				
2 nd Floor				
Mezzanine/Additional:				
Other:				
Total All Floors				

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

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

\$ _____

Design Professionals

Architect:

Civil/Prof. Engineer:

Company:

Company:

Phone:

Phone:

E-Mail:

E-Mail:

License #:

License #:

Mechanical Contractor**Plumbing Contractor**

Company:

Company:

Phone:

Phone:

Fire Sprinkler Contractor**Fire Alarm Contractor**

Company:

Company:

Phone:

Phone:

Electrical Contractor**Other Contractor**

List: _____

Company:

Company:

Phone:

Phone:

Applicants Certificate Architect Engineer Contractor

Signature: _____ Date: _____

Print Name: _____ Phone: _____