

CITY OF MILAN
BUILDING AND CODES DEPARTMENT

1061 South Main Street, Milan, TN 38358
Phone (731) 686-0774 Fax (731)686-2986

APPLICATION FOR RESIDENTIAL BUILDING PERMIT

Zoning Class _____ **(Office Use Only)**

Application is hereby made to the Building Inspector of City of Milan for the approval of plans, herewith submitted (if requested by Inspector) for the erection of the building herein described. All provisions of the Building Laws and Zoning Law shall be complied with in the erection of said building(s) whether specified or not.

BUILDING ADDRESS: _____
(Office will issue address if property does not currently have one)

LEGAL DESCRIPTION:

Lot ____ **Block** ____ **Sub** ____ **Map** ____ / **Parcel** ____

(City of Milan Building and Code Use Only)

A COPY OF APPROVED PLANS MUST BE SUBMITTED ALONG WITH APPLICATION.

CLASS OF WORK: New ____ Alter ____ Add ____ Repair ____ Move ____ Demolish ____

Structure Use: _____ **Purpose:** _____

EXACT DESCRIPTION OF USE PROPOSED:

No of Separate Occupancies or Families _____ **No. of Stories** _____

No. of Bedrooms: _____ **No. of Baths:** _____

Attached Carport/Garage Size: _____ **Detached Carport/Garage Size:** _____

Chimneys or flues: _____ Type Exterior Covering: _____ Decks: _____

Basement/Storage: _____ Decks: _____ Front Porch (Sq Ft) _____

Back Porch (Sq Ft) _____ Total Porch (Sq Ft) _____ Are Porches Covered? _____

SIZE OF BUILDING:

1st Floor Heated Square Feet _____ 2nd Floor Heated Square Feet _____

Total Heated Square Feet _____

OTHER: _____ TOTAL COST \$ _____

PLUMBING:

Please enter number of each type of plumbing fixture to be installed in residence.

Water Closet _____ Floor Drains _____ Lavatories _____

Urinals _____ Bath Tubs _____ Dishwashers _____

Kitchen Sinks _____ Slop Sinks _____ Washing Machine _____

Outside Faucets _____ Sewer _____ Drink Fountain _____

Trash Disposal _____ Shower Bath _____ Hot Water Heater _____

Total Fixtures _____

LLP LICENSE NUMBER _____

GENERAL FRAMING:

No. and Sizes of Windows in Sleeping Areas: _____

Locations of Windows (Note on Plans)

Type of Sill Plate Anchoring _____ Size of Sill Plate _____

Type of Sill Plate Anchorage Spacing : _____

Type of Floor Joists _____ Size of Floor Joists _____

Grade of Floor Joists _____ Location of Floor Joists (Note on Plans)

Spacing of Floor Joists _____

Type of Ceiling Joists _____ Grade of Ceiling Joists _____

Size of Ceiling Joists _____ Location of Ceiling Joists (Note on Plans)

Spacing and span of Ceiling Joists (Note on Plans) _____

Dimensions & Locations of All Beams (Note on Plans)

Slope / Pitch of Roof _____

Type of Rafters _____ Grade of Rafters _____ Size of Rafters _____

Location of Rafters (Note on Plans) Spacing and Span of Rafters (Note On Plans)

Location of 6" Plumbing walls and Load Bearing walls noted on Plans. (To Be Submitted)

Roof and Floor Trusses: Copy of Engineering Calculations, Drawings & Installation Specifications (To Be Submitted)

NAME OF OWNER(S) _____ PHONE NO. _____

PRESENT ADDRESS _____

CONTRACTOR _____ TENN REG NO. _____

ADDRESS: _____

_____ PHONE NO. _____

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO COMPLY WITH ALL STATE LAWS AND CITY REGULATED BUILDING CONSTRUCTION.

DATE _____

SIGNATURE _____
(Owner or Authorized Agent)

A COPY OF CONTRACTOR'S INSURANCE AND STATE CONTRACTOR'S LICENSE IS REQUIRED WHEN PERMIT IS ISSUED.

IT IS THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO CALL FOR ALL NECESSARY INSPECTIONS AND SEE THAT WORK HAS PASSED INSPECTION PRIOR TO THE WORK BEING COVERED UP.

ALL REQUESTS FOR INSPECTIONS SHOULD BE MADE AT LEAST 24 HOURS IN ADVANCE OF REQUIRED INSPECTION.