

Commercial/Industrial Permit Application Checklist:

Please fill out the application in its entirety and provide all requested documents before submitting.
This will prevent your application from being delayed due to lack of information.

Application Requirements:

- Site Plan by Surveyor/Engineer *(Must be Approved by the Planning Commission)*
- Drainage Plan Approval *(If Required)*
- Drainage Bond Posted
- Building Permit Application
- TDEC Approval *(Copy of Septic Permit Must be Attached to Permit or Sewer Approval)*
- Floor Plan by Architect or Engineer
- Commercial Licensed General Contractor Required

Documents for Permit Issuance (Office Will Provide):

- Set Back Disclaimer
- Storm Water Permit *(If Applicable)*
- Construction Land Development Application
- Construction Inspection Card
- Inspection Checklist

Please note that failure to pass an inspection twice will result in an additional \$25 fee for additional inspections.

CONTRACTORS: Additional Required Documentation for Permit Issuance:

- Current Copy of Contractor's License
- Proof of Worker's Comp & Liability Insurance or Exemption from TN
- Current Copy of Plumber's License (minimum LLP) **Under T.C.A. 62-6-402*

This information will be kept on file and must be renewed before a permit will be issued.
We cannot issue permits to contractors with expired/incomplete documentation.

If construction begins prior to the issuance of a permit, permit fees will be **doubled**.

Hamblen County Planning Commission

511 West Second North Street • Morristown, TN 37814 • office. 423.581.1373 • fax. 423.587.7089
www.HamblenCountyTN.gov • email. planning@co.hamblen.tn.us



OFFICE OF PLANNING AND ZONING

HAMBLEN COUNTY PLANNING COMMISSION

COMMERCIAL/INDUSTRIAL BUILDING PERMIT APPLICATION:

Phone: 423-581-1373 / Fax: 423-587-7089

Date:

Name of Applicant:	
Current Mailing Address:	
Phone #:	Cell #:

Builder's Name (if different from above):	
Builders Mailing Address:	
Office Phone #:	Cell #:

Property Address:
Subdivision Name:

(Office will complete this section).				
Lot Number(s):	Tax Map:	Group:	Parcel:	District:
Zone:	Set Backs-	Front:	Sides:	Rear:

Driveway:	Using Existing Driveway <input type="checkbox"/>	Creating New Driveway <input type="checkbox"/>			
Building Type:	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Church <input type="checkbox"/>	Apartment <input type="checkbox"/>	
	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Pavilion <input type="checkbox"/>	Other <input type="checkbox"/>	
Structure Will Be Built On:	Basement <input type="checkbox"/>	Crawlspace <input type="checkbox"/>	Slab <input type="checkbox"/>	One Level <input type="checkbox"/>	Multi-Level <input type="checkbox"/>

Cost of Actual Construction: \$ _____
<i>(Labor and materials only. Do not include septic, land, or excavation costs. Required for State Report.)</i>

Sq. Footage will be calculated as follows:			
Commercial/Industrial up to 10,000 sq. ft.	Sq. Ft. =	X \$0.55=	
Additional Sq. Ft. over 10,000 sq. ft.	Sq. Ft. =	X \$0.25=	
Remodel	Sq. Ft. =	X \$0.25=	
Plumbing / Mechanical / Gas (from next page)			
Stormwater (required for all permits)		\$100.00=	\$100.00

Total:	\$
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OFFICE OF PLANNING AND ZONING

Construction Land Development Application

SW Permit # _____

Building Permit # _____

Date: _____

New Project Change of Information Other

Property Owner Company Government Entity

Applicant Information

Name: _____

Company Name: _____ Title/Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Property Owner Name (If different then applicant): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Project/Site Information

Project/Site Name (As approved on plans): _____

Responsible Party Name for Permit: _____

Phone: _____ Email Address: _____

Design Engineer: _____

Company/Firm Name: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Site Address/Location: _____

City: _____ State: _____ Zip: _____

District: _____ Tax Map: _____ Group: _____ Parcel(s) _____

Type of Construction Activity

Commercial Industrial Mass Grading Utility/Infrastructure

Multi-Family Multi-Use (Commercial & Residential)

Site Preparation (No New Impervious Area) Other

Proposed Start Date: _____ Proposed Completion Date: _____

Disturbed Area: Total Acreage: _____ Phases: _____

Any **Flooding Problems** exist downstream of or adjacent to this site? Yes No

Are any waiver(s)/variances/Exceptions Request for this Project? Yes No

Waterbody Information

Receiving Waterbody(s) Information (List the nearest and next receiving waterbodies to which the sites stormwater discharges will drain. If stormwater discharges drain to multiple waterbodies, list all such waterbodies).

1. Name of Receiving Waterbodies (RWB)	2. Distance of RWB (feet)	3. Classification of RWB
a. Nearest: _____	_____	_____
b. Next Nearest: _____	_____	_____
c. Other Waterbodies: _____	_____	_____

Impaired Waterbodies Information

303(d) Listed Impaired Waterbodies

a. Receiving stream: _____

Will any pollutants causing the impairment be present in your site's construction stormwater discharge?

List of participants for the pre-construction meeting

Name	Job Title	Company

NOTE: Projects that involve one acre or more of land disturbance require a state general construction permit. If so, attached a copy of the NOI submitted to the state with this application.

Signature	Date
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For Office Use Only

Date Received: _____	Amount Paid: _____
Application Approved/Denied? _____	Staff Initial: _____
State GCP Required: Yes ___ No ___	If so, date NOC received from state: _____
Is a Personal Property Stormwater Drainage Access Agreement on File? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a Personal Property Stormwater Drainage Access Agreement Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	



TENNESSEE
Hamblen County
SERVICE • COMMUNITY • INDUSTRY

OFFICE OF PLANNING AND ZONING

Please indicate the number of fixtures proposed for installation below.			
Number	Item	Unit Fee	Unit Charge
PLUMBING			
1	Permit Issuance	\$10.00	
	Water Closet (Commode)	\$ 5.00 each	
	Urinal	\$ 5.00 each	
	Lavatory (Bathroom Sink)	\$ 5.00 each	
	Tub (with or without shower)	\$ 5.00 each	
	Shower Stall Only	\$ 5.00 each	
	Bidet	\$ 5.00 each	
	Washing Machine	\$ 5.00 each	
	Laundry Tub	\$ 5.00 each	
	Kitchen Sink	\$ 5.00 each	
	Dishwasher	\$ 5.00 each	
	Garbage Disposal	\$ 5.00 each	
	Bar/Vegetable Sink	\$ 5.00 each	
	Drinking Fountain	\$ 5.00 each	
	Water Heater	\$ 5.00 each	
	Outside Spigots (Hose Bibbs)-up to 5	\$ 5.00 (up to 5)	
	Over 5 Spigots (Hose Bibbs)	\$ 1.00 each	
	Floor Drain	\$ 5.00 each	
	Vacuum Breakers - up to 5	\$ 5.00 each	
	Over 5 Vacuum Breakers	\$ 1.00 each	
	(RP Type) Backflow Preventer	\$ 10.00 each	
	Repair / Alteration of Drainage / Vent	\$ 5.00 each	
	Water Main Connection	\$ 10.00 each	
	Sanitary Drainage Connection	\$ 10.00 each	
	TOTAL:		\$
Mechanical			
1	Permit Issuance	\$10.00	
	1-2 Ton Capacity	\$ 5.00 each	
	2-5 Ton Capacity	\$ 10.00 each	
	Over 5 Ton Capacity	\$ 15.00 each	
	Repairs, Alterations or Additions	\$ 10.00 each	
	TOTAL:		\$
GAS			
1	Permit Issuance	\$10.00	
	Main Line Gas Piping Installation (1-4 outlets)	\$10.00	
	Additional Outlets over 4	\$ 2.50 each	
	First Appliance Hook-Up to Piping System	\$ 5.00	
	Each Additional Appliance Hook-Up	\$ 2.50 each	
	First Vent System Installation	\$ 5.00	
	Additional Vents	\$ 2.50 each	
	TOTAL:		\$
STORMWATER *Required for all new construction for a one time fee.			
1	Permit Issuance	\$100.00	
	TOTAL:		
Note: Additional fees may be applied if the following occurs:			
	Inspection Outside Normal Business Hours	\$ 20.00 each	
	Re-Inspection after 2nd Failure to Pass	\$ 25.00 each	
	Inspection (fee not specifically indicated)	\$ 10.00 each	
	Changes, Additions, or Alterations	\$ 10.00 each	
	ADD. FEE TOTAL:		\$
Note: Anyone beginning work prior to being permitted will be charged double fee of total permit.			
		Total from this page:	
		Total from first page:	
	Total to be determined and completed by the Planning staff.	GRAND TOTAL:	\$