



**City of Sweetwater**  
 Code Enforcement  
 P.O. Box 267  
 203 Monroe Street  
 Sweetwater, TN 37874  
 (423) 337-9678  
 Fax (423) 337-9663

Office Use Only		
<b>Permit Number</b>		
Land Disturbance fee	\$ _____	pd _____
Plan Review Fee	\$ _____	pd _____
Permit Fee	\$ _____	pd _____
Double Fee (if applicable)	\$ _____	pd _____
Certificate of Occupancy	\$ _____	pd _____
<b>Total Fee</b>	\$ _____	pd _____

**COMMERCIAL AND MULTI- FAMILY  
 PLANS REVIEW & BUILDING PERMIT APPLICATION**

<b>Project Name</b>	_____		
<b>Project Location</b>	Address _____		
	Lot # _____	Subdivision /Development _____	
	Lot Area _____	Lot Frontage _____	
<b>Tax ID</b>	Map _____	Group _____	Parcel _____
			Zoning _____
<b>Estimated Cost of Construction</b>		New Construction / Addition / Remodel _____	Demolition _____
		Land Disturbance _____	

**Contact Information**

<b>Owner</b>	Name _____		Phone Number _____	
	Mailing Address _____		E-Mail Address _____	
<b>Agent</b>	Company or Representative _____		Phone Number _____	
	Mailing Address _____		E-Mail Address _____	
<b>Architect/Engineer</b>	Company _____		Phone Number _____	
	Mailing Address _____		E-Mail Address _____	
	Professional of Record _____		TN State Registration # _____	
<b>Contractor</b>	Company _____		Phone Number _____	
	Mailing Address _____		E-Mail Address _____	
	TN State Lic. # _____	License Expires _____	Monetary Limit _____	Classification _____

**Occupancy Group**

<b>Occupancy Group</b> (as defined by the IBC, 2009 edition)		
<b>Occupancy Group</b> (as defined by The Life Safety Code, NFPA 101, 2009 edition)	Zoning/Planning Review	Approved
		Init.

**Construction Type ( as defined by the IBC, 2009 edition): Circle**

<b>New</b>	<input type="radio"/> IA	<input type="radio"/> IB	<input type="radio"/> IIA	<input type="radio"/> IIB	<input type="radio"/> IIIA	<input type="radio"/> IIIB	<input type="radio"/> IV	<input type="radio"/> VA	<input type="radio"/> VB	Storm Water		
<b>Existing</b>	<input type="radio"/> IA	<input type="radio"/> IB	<input type="radio"/> IIA	<input type="radio"/> IIB	<input type="radio"/> IIIA	<input type="radio"/> IIIB	<input type="radio"/> IV	<input type="radio"/> VA	<input type="radio"/> VB	Fire Review		
<b>New Sprinklered</b>		<input type="radio"/> Yes	<input type="radio"/> No	<b>Existing Sprinklered</b>		<input type="radio"/> Yes	<input type="radio"/> No			Plans Review		

**Building Height**

<b>Building Height</b>	New	<b>Number of Stories</b>	New	Civil Engineering		
	Existing		Existing	Traffic Engineering		
				Landscaping		

**Building Area ( as defined by the IBC, Section 502, 2009 edition)**

<b>New Construction</b>	Sq. ft. per Largest Floor _____	Total Sq. Ft. (all floors) _____	SUB Electric		
<b>Existing Construction</b>	Sq. ft. per Largest Floor _____	Total Sq. Ft. (all floors) _____	SUB Sewer/Water		
			Buff. & Tree Preservation		
			Contractor Liability		
			Contr. Workers Comp.		

<b>Is Building Located in a Fire District?</b>	<input type="radio"/> Yes	<input type="radio"/> No	Plans review approved by _____ Date _____
<b>Is Building Located in a Flood Area?</b>	<input type="radio"/> Yes	<input type="radio"/> No	

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 Building Official