

# TRADE PERMIT APPLICATION

Gallatin, Tennessee

Date Applied \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_



Project Address	Suite (if applicable)	Subdivision	Lot #
<b>General Contractor for Project</b>	Mailing Address	Phone	Email
Property Owner	Mailing Address	Phone	Email
Contractor	Mailing Address	Phone	Email
Agent	Mailing Address	Phone	Email
Class of Work <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel		Project Type <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
Gross Square Footage		Use of Building	
<input type="checkbox"/> Plumbing Permit	<input type="checkbox"/> Mechanical Permit <input type="checkbox"/> Split* <input type="checkbox"/> Package	<input type="checkbox"/> Fireplace Permit	<input type="checkbox"/> Electrical Permit Service size _____
<input type="checkbox"/> Low voltage _____			
Special Notes:			

This permit becomes null and void if work or construction authorized is not commenced within 6 months or if construction or work is suspended or abandoned for a period of 6 months at any time after work in commenced.

In the event the licensed contractor disclosed hereon is replaced on this project, the Gallatin Building Department shall be immediately notified. Failure to notify may result in revocation of this permit and is a violation of state law.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. Contractor and/or homeowner/builder is responsible to adhere to all existing setbacks, easements, and/or buffer yards located on said property.

I hereby certify that I am the:  **Owner**  **Owner's Agent** and all official correspondence in connection with this application should be sent to my attention using the contact information for myself in the abovementioned.

\_\_\_\_\_  
Print or type name here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner or Owner's Authorized Agent

\*If access to the interior of the home is required, an inspector and an authorized agent of the contractor must be present for the inspection. Please schedule a time for the inspection, so that the contractor's agent can meet the inspector.