DEVELOPMENT/SOIL EROSION PERMIT APPLICATIONTelephone: (731) 425-8262CITY OF JACKSONFax: (731) 425-8228

BUILDING AND HOUSING CODES DEPARTMENT

| | 119 E | ast Main Street Suite | 208 - | Jackso | on, TN. 38301 | | | |
|---|---|--|---|----------------------|---|----------------------|--------------------|---------------------|
| APPLICANT INFORMATION If you are a contractor with an account number complete section 1 and proceed to section 3. If you are a contractor without an account number complete section 2. If you are a design professional check here and proceed to section 3. If you are the property/building owner check here and proceed to section 3. Image: Im | | | CONTRACTOR NAME (INDIVIDUAL CONTACT PERSON) CONTRACTOR COMPANY NAME ADDRESS CITY, STATE, ZIP PHONE NUMBER INCLUDING AREA CODE FAX NUMBER STATE LICENSE NUMBER CLASSIFICATION AND LIMITS | | | | | |
| 4 | | PROJECT IN | FORM | ATIO | N N | | | |
| | ESS INCLUDING SPACE IF APPLICABLI | E ADDRESS NUMB | | | GNED BY 911 OF SE (EXAMPLE: | | | |
| OWNER NAME | | | USE Z | ONE | FLOOD ZONE | 0 | CCUPANCY C | LASSIFICATION |
| OWNER ADDRESS | | | CONS | FRUCT | ION TYPE | | # STORIES | SPRINKLERED |
| CITY, STATE, ZIP | | | SQ. FO | OTAG | E IN PROJECT | SQ. I | FOOTAGE IN T | OTAL BUILDING |
| TELEPHONE | | | | | WORK: ERATION CR | EPAIR | NEW A | DDITION |
| DESCR | RIPTION | | | | | | | |
| | | | | | | | | |
| ADDR CITY, TELEP | DESIGN PROFESSIONAL NAME NAME ESS STATE, ZIP HONE # OOD PLAIN INFORMATION | COST OF WORK: | | | | | | |
| BASE FLOOD LEVEL provisions of not, the gran or local law | | I hereby certify that I have provisions of laws and ord not, the granting of a perm or local law regulating cor | inances go it does not | verning t presume | his type of work will to give authority to v | be comp violate o | olied with whether | specified herein or |
| RED'D LOWEST FLR ELEV Signature | | Signature | | | | | Date | : |