

**City of Rogersville
Commercial Building Permit Application**

Application Date: _____

Permit Number: _____

Property Information

Property Address: _____

Proposed Business Name: _____

Legal description must be attached to Construction Documents.

Applicant & Contractor Information

Owner: _____ Business/Company _____

General Contractor: _____ Contact: _____

Address: (City, State, Zip): _____ Phone: _____

Electrical Contractor: _____ Contact: _____

Address: (City, State, Zip): _____ Phone: _____

Plumbing Contractor: _____ Contact: _____

Address: (City, State, Zip): _____ Phone: _____

Engineer: _____ Contact: _____

Address: (City, State, Zip): _____ Phone: _____

Architect: _____ Contact: _____

Address: (City, State, Zip): _____ Phone: _____

Building Structure & Lot Information

Estimate of Value: _____ Zoning: _____ Type of Construction: _____

Use Group: _____ Total square feet under roof: _____

This permit does not release the applicant from the conditions of any applicable subdivision or City restrictions.

Permit Calculation

Sewer Impact Fee.....see attachment.....\$ _____

Water Impact Fee.....see attachment.....\$ _____

Administrative Fee.....see attachment.....\$ _____

Inspection Fee.....see attachment.....\$ _____

Park Impact Fee.....see attachment.....\$ _____

TOTAL PERMIT COST:\$ _____

Re-inspection Fee \$25 each.

I hereby certify that the information provided on this application is true and correct, and that I have read and understand the procedures, ordinances, requirements and building codes adopted by the City of Rogersville; that I am responsible for the repair or replacement of any public improvements associated with the property described above damaged during the course of construction. By signing this form I acknowledge responsibility for compliance with these rules. Permit expires one (1) year from date of issuance.

Owner/Contractor: _____ Date: _____

Building Inspector: _____ Date: _____

Reviewed by: _____ Permit Application Number: _____