



CITY OF NEWPORT

Building Permit Application Permit No: \_\_\_\_\_

City of Newport
300 E Main Street
Newport, TN 37821
Phone 423.623.7323 Fax 423.623.7098
building@newporttn.org

Job Address \_\_\_\_\_ Date \_\_\_\_\_

Current Zoning \_\_\_\_\_ Tax ID (control map group parcel) \_\_\_\_\_

What (if anything) is on the property now? (i.e. house, restaurant, etc)

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner (if different than job address) \_\_\_\_\_

Primary Contact / Contractor (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Contractor Address \_\_\_\_\_ License No: \_\_\_\_\_

Brief Description of work to be done \_\_\_\_\_

For Permits that add square footage to a property, enter the setbacks:

Front: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_ Back: \_\_\_\_\_

- Check All That Apply To The Construction:
- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Commercial<br>Planned Unit Development | <input type="checkbox"/> Residential<br>New Construction | <input type="checkbox"/> Industrial<br>Rehab of Existing | <input type="checkbox"/> Mixed Use<br>Garage |
| <input type="checkbox"/> Temporary Use (Fireworks Tent, etc     |  | <input type="checkbox"/> Detached Accessory Structure    |  |

Value of Work: \$ \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THE APPLICATION ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF INVESTIGATION REVEALS THAT ANY OF THE INFORMATION ON THE APPLICATION IS FALSE THE PERMIT WILL BE VOIDED AND THE PERMIT TO BUILD WILL BE VOIDED.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Contractor  Owner

Department Use Only

Type of Permit: Demo Building Mechanical Plumbing  
D.A.S. Temporary Use

Variance Required Permit Fee Paid DRB Required PC Review

Approved: \_\_\_\_\_ Date \_\_\_\_\_