

Application Date _____ Application # _____

1. Location of Building	Number and Street _____ Tax Map Number _____ Parcel Number _____ Dimensions of Lot _____ Are there any other structures on this lot? _____ If so, a site plan is required.						
2. Zoning	What zone is the lot in? _____ If residential: how many units are proposed? _____ Is the lot in a flood hazard area? _____ If yes, what is the 1st floor elevation? _____ What is the proposed use of the lot? _____						
3. Type of Improvement	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> New Structure</td> <td><input type="checkbox"/> Wrecking</td> <td><input type="checkbox"/> Alteration</td> </tr> <tr> <td><input type="checkbox"/> Addition</td> <td><input type="checkbox"/> Moving</td> <td><input type="checkbox"/> Repair</td> </tr> </table>	<input type="checkbox"/> New Structure	<input type="checkbox"/> Wrecking	<input type="checkbox"/> Alteration	<input type="checkbox"/> Addition	<input type="checkbox"/> Moving	<input type="checkbox"/> Repair
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4. Ownership	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Public:</td> <td style="text-align: center;">Private:</td> </tr> <tr> <td><input type="checkbox"/> Federal <input type="checkbox"/> County</td> <td><input type="checkbox"/> Taxable</td> </tr> <tr> <td><input type="checkbox"/> State <input type="checkbox"/> City</td> <td><input type="checkbox"/> Tax Exempt</td> </tr> </table>	Public:	Private:	<input type="checkbox"/> Federal <input type="checkbox"/> County	<input type="checkbox"/> Taxable	<input type="checkbox"/> State <input type="checkbox"/> City	<input type="checkbox"/> Tax Exempt
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5. Cost	Estimated Total Cost of Improvement _____						
6. Size of Building	<table style="width:100%; border: none;"> <tr> <td style="width:50%;"># of Feet Front _____</td> <td style="width:50%;">Setback of adjoining buildings from the street:</td> </tr> <tr> <td># of Feet Rear _____</td> <td></td> </tr> <tr> <td># of Feet Deep _____</td> <td></td> </tr> </table>	# of Feet Front _____	Setback of adjoining buildings from the street:	# of Feet Rear _____		# of Feet Deep _____	
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NAME	MAILING ADDRESS	TELEPHONE
Owner _____	_____	_____
Contractor _____	_____	_____
Engineer _____	_____	_____

I hereby certify that I have the authority to make the above application, that the application is correct, and that the construction will conform to the Dunlap Zoning Ordinance.

Signature of Owner or Authorized Agent

FOR OFFICE USE ONLY – To be complete by Field Superintendent and/or Health Dept. Environmentalist

Is City Water available to site? Is City Sewer available to site? Is septic on site? Is Back Flow Prevention required? Grease trap?
 Yes No Yes No Yes No Yes No Yes No

If City Water and/or Sewer are not available at the site, the Sequatchie County Environmentalist must give his approval before a building permit will be issued.

Signature of Field Superintendent

Signature of Environmentalist, if needed