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| <b><i>TOWN OF UNICOI BUILDING APPLICATION NUMBER</i></b> |  |
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| Applicant Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Phone #:                                  |  | Fax #:                          |  |
| Building Site Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                           |  |                                 |  |
| Builder Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Phone #                                   |  | Fax #                           |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |  |                                 |  |
| Circle all that apply:    New or Alteration                      Residence                      Single-Wide Mobile Home                      Double-Wide Mobile Home<br><br>Frame House                      Business                      Garage                      Utility Building - <b>Must be placed in the rear yard 12' from any lot lines</b> Deck<br><br>Interior Remodeling                      Exterior Remodeling                      Roof                      Driveway                      Pool [State Law requires an alarm installed]<br><br>Fence                      Other (Describe)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |  |                                 |  |
| Structure Size:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  |                                 |  |
| Tax Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Parcel                                    |  | Lot Width ft                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  | Lot Length ft                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  | Lot SF                          |  |
| Number of Stories:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Is the Property in a Flood Zone? Yes / No |  | Building Permit Fee \$          |  |
| TN One Call 1-800-351-1111 Permit#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                           |  | Estimated Construction Cost: \$ |  |
| Setbacks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Front:                                    |  | Rear:                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  | Left:                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  | Right:                          |  |
| Electric Permit Number - Raymond Keen: 423.547.8646 [please leave a message]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                           |  |                                 |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                 |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                 |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                 |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                 |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |  |                                 |  |
| <p>In making this application for a building permit, I state that the information given is, to the best of my knowledge, true, complete and accurate. I understand and agree that any error, misstatement or misrepresentation of fact(s) intentional or not, may result in revoking this permit. I understand that any driveway used in construction must be graveled prior to the beginning of construction. I agree that any driveway connecting to a Town of Unicoi public road must be approved by the City Recorder. The Town of Unicoi will dictate the size and type of culvert(s) under the permanent driveway, if connecting with a Town of Unicoi public road. If this permitted property is part of a sub-division, I must construct according to sub-division regulations. I agree to construct according to all state, county and municipal laws. I must secure written approval for a septic system from the Health Department or sewer from Erwin Utilities. I agree that any construction allowed by this permit shall not create a drainage or erosion problem to surrounding properties. If necessary to accomplish this, I will install a silt fence. Approval of this permit does not constitute waiver of any restrictive covenants of record by deed or otherwise.</p> |  |                                           |  |                                 |  |
| This permit is not an approval for zoning, grading or fill, floodplain compliance, septic, sewer, or electrical. All inspections are for building code enforcement and not for defects in materials or workmanship. A certificate of occupancy must be issued prior to use. If during construction, a contractor not named on the permit is hired, the permit must be brought to Unicoi Town Hall for revision.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                           |  |                                 |  |

## TOWN OF UNIGOI BUILDING INSPECTION FEES

- The Permit is **No Charge** if no state inspection is required.
- The Permit Fee will be **\$125** for each inspection on:
  - New Builds (Residential and Commercial): 1) footers, 2) plumbing/mechanical-combo, 3) framing, and 4) final. Travel **\$100.00**.
  - Remodels: A minimum of 2 inspections is required, and depends on the jobs. Travel **\$50.00**.
  - Decks (Residential and Commercial): 1) footers, 2) final. Travel **\$25.00**.
  - Commercial- Inspections depend on job. Travel **\$50.00**.
- A minimum fine of \$50 will be assessed when a Stop Work Order is issued after a permit is granted. Work must stop immediately. Also, a citation to municipal court may accompany this Stop Work Order.
- A Stop Work Order will be issued if a building permit has not been issued before any kind of construction begins. Examples: Clearing Land, Moving soil, Forming a Driveway, Building any type of structure. A Citation to municipal court may accompany this Stop Work Order and work must stop immediately. The citation consists of a fine of \$50 per day if construction continues plus \$75 court costs and \$13.75 Litigation Tax.
- A Resume Work Order will be issued only after the citation has been satisfied. A \$50 Resume Work Order Fee may be assessed.

☐ \$125 each

☐ \$100 Travel

☐ \$50 Travel

☐ \$25 Travel

Total: \$

**Plan review fee: \$**

## BUILDING INSPECTION SCHEDULE

- **Zoning Inspection:** Setbacks and Zoning Use - The property lines and structure outlines must be clearly staked.
- **Footer Inspection:** After all steel reinforcing is in place.
- **Slab Inspection:** Plumbing must be in place before inspection.
- **Rough-In Inspection:** After all framing, plumbing, mechanical and electrical is completed.
- **Fire Separation Inspection:** When necessary.
- **Final Inspection:** After structure is complete and 911 address is permanently posted.
- **Certificate of Occupancy:** After completion of the construction, installation or alteration of the structure a certificate will be issued.

## REQUIRED ATTACHMENTS

- Site Plan
- Copy of the Septic Permit or Sewer Approval in writing
- Building Plans

New Residence: If one does not exist

I have read both sides of this form, understand and agree to all of the terms. I grant permission to the Building Inspector to enter onto this permitted property at any reasonable hour to inspect any part or phase of construction.

Applicant Signature

Date of Application

**This Building Permit Application is NOT A PERMIT until it is signed as approved by the Building Inspector or the City Recorder and the Permit Fee, Approval Date and Expiration Date have been filled in.**

Approved

Date Approved

Expiration Date