



Building, Zoning, Grading Combination Permit Application

Department of Building Safety, 1221 McArthur Rd, Maryville, TN 37804

Phone: 865-681-9301

Fax: 865-681-9502

Project Name (if applicable):

LOCATION	Street Address <u>2502 Montvale rd</u>	OWNER	Name <u>James & Melissa Lowe</u>
	Lot # and Block #		Street Address <u>2502 Montvale rd</u>
	Subdivision/Shopping Ctr.		City, State, Zip <u>Maryville, TN 37803</u>
	Tax Map # _____		Area Code, Telephone # <u>(865) 455-2538</u>

CONTRACTOR	Name <u>Owner</u>	ARCHITECT/ENGINEER	Name _____
	Street Address _____		Street Address _____
	City, State, Zip _____		City, State, Zip _____
	Area Code, Telephone # () _____		Area Code, Telephone # () _____
License # _____	License # _____		
Exp Date _____	Exp Date _____		
Received Valid Workman's Comp Certificate: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			

PLUMBER (LLP)	Name _____	MECHANICAL	Name _____
	Street Address _____		Street Address _____
	City, State, Zip _____		City, State, Zip _____
	Area Code, Telephone # () _____		Area Code, Telephone # () _____
License # _____	License # _____		
Exp Date _____	Exp Date _____		

BUILDING:

- New One&Two Family Residential
- Residential Addition
- Residential Alteration
- Residential Repair
- Accessory Structure
- Gas/Mechanical Only
- Plumbing Only
- Other Replacing Porch

ICC CONSTRUCTION TYPE

Occupancy Classification	<u>Utility</u>	Type 1	A
Group	<u>U</u>	Type 2	B
Floor Area Sq. Ft.	<u>175</u>	Type 3	Sprinkled
Number of Stories		Type 4	Unsprinkled

Estimated Cost of Construction: \$ 20,000

Number of Plumbing Fixtures: _____ Number of Gas Taps: _____ Sewer Connection: Yes No Number of Bedrooms: _____

ZONING: CLASSIFICATION:

Comment Notes:

not permitted for overnight rental use

Setbacks	Front	Rear	Left Side	Right Side
Required				
Shown				

Maximum Building Height: 35 feet from the highest adjacent grade

Number of EXISTING dwellings on parcel: _____

Foundation Survey Required: Yes No Flood Plain: Yes No (If yes, then additional permit fee and elevation certificate is required)

GRADING: (Grading Permit must be issued prior to any land disturbing activity)

Comment Notes:

Responsible Person for Erosion & Sedimentation Control: _____

Area Code, Telephone # () _____

Total Acres (acres or sq. ft.): _____ Area to be Disturbed (acres or sq. ft.): _____

Are there any water bodies, wetlands, or sinkholes in the area of the site? Yes No

If the land-disturbing activity is equal to or greater than one-tenth (0.1) acre (4,356 sf) and less than one (1) acre in size, please supply a site plan of proposed activity on the supplemental page of this application.

The applicant of this permit does hereby covenant and agree to comply with the resolutions and laws of this jurisdiction pertaining to said building and site and to construct the proposed building or structure or to make the proposed change or alteration in accordance with the plans and specifications submitted herewith. I (the applicant) have read and understand the reverse side of this form and certify that the information and statements given on this application, drawings, and specifications are to the best of my knowledge, true and correct. I (the applicant) understood and agreed that any error, misstatement, or misrepresentation of fact either with or without intention on my part, such as might if known, cause a refusal of this application or any alteration or change in plans made without approval of the Building Official or designee subsequent to the issuance of the building permit, shall constitute sufficient grounds for revocation of such permit. This permit shall expire after 180 days if work has not commenced or if it has been abandoned or suspended for a period of 180 days after work has commenced.

Residential: Must submit TWO (2) Site Plans and ONE (1) Construction Plan. Commercial: Must submit TWO (2) of each

Name of Applicant (Signature) James E Lowe Jr Date: 12-23-25
Name of Applicant (Clearly Print) James E Lowe Jr

BELOW OFFICE USE ONLY

Environmental Review	Date: _____	Zoning Review	Date: _____
Stormwater Review	<u>12-29-25</u>	Building Safety Review	<u>12/23/25</u>
Building Permit Fee: \$	<u>240.00</u>	Permit Number #	_____
Other Fees: \$	<u>0</u>	Map Page #	Grid _____
TOTAL FEE: \$	<u>240.00</u>	Pre-Approved Plans Number #	_____
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