CITY OF MARYVILLE CODES DEPARTMENT

416 West Broadway Ave., Maryville, TN 37801 865-273-3500

APPLICATION FOR PLUMBING PERMIT

PROJECT NAME / ADDRESS:				
SUBDIVISION:		**LOT:**	**MAP:**	**PARCEL:**
PROPERTY OWNER	**NAME:**			
	ADDRESS:			
	PHONE:			
PLUMBING CONTRACTOR	**NAME:**			
	ADDRESS:			
	PHONE:			
	TN LIC. #:		**LICENSE CLASS:**	

NUMBER OF FIXTURES		
WATER CLOSET:	**WATER HEATER:**	**GRINDER PUMP:**
LAVATORY:	**KITCHEN SINK:**	**OTHER:**
BATHTUB:	**LAUNDRY TRAY:**	
SHOWER:	**GRINDER PUMP:**	
TOTAL NUMBER OF FIXTURES:	**FEE ($20.00 + $5.00 per fixture):**	

NOTICE: Permit fee refunds may not be available or may be limited. All permit fee refunds are subject to permit fee refund policy. See Building Official for permit fee refund policy details.

SINGLE FAMILY DWELLING OWNER LICENSING DECLARATION

As the homeowner, I understand that I have the right to do my own plumbing installations provided I live or intend to live in the single family dwelling where work is to be done. I understand that this work must be done by myself personally as the homeowner and that it is illegal to contract (pay) with other persons to do these installations unless the person in which I contract is duly licensed by the State of Tennessee. I understand that violations of these restrictions may result in denial of utility services and/or my prosecution. I understand that it is my responsibility to call for all necessary inspections and see that work has passed inspection prior to the work being covered up and that all final inspections are made and approved.

OWNER: _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND / OR PERJURY, I declare that I have examined and / or made this application and it is true and correct to the best of my knowledge and belief and that all provisions of laws and ordinances governing this type work will be complied with whether specified herein or not. I acknowledge that granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

_____ _____ _____

(Signature of Contractor or Authorized Agent) (Date) (Title)

Application Approved*: _____ _____

(Code Official) (Date)

* Approval subject to proper submittal of licensing and Worker's Compensation documentation at front desk.

FRONT DESK USE ONLY
CONTRACTORS LICENSE: COPY ☐ SFD HOMEOWNER/BUILDER AFFIDAVIT ☐
WORKERS COMPENSATION CERTIFICATE: COPY ☐ AFFIDAVIT ☐