## City of Paris

100 N Caldwell St Paris, TN 38242

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For Internal Use Only				
Permit #				
Permit Fee \$				

## **BUILDING PERMIT APPLICATION**

Project Address:				
Map: Group: Parcel	1:	Current Zoning De	signation:	
Is the property located in a Historic Dist	rrict? Yes No Is any	part of property in Floodplair	? Yes No	
Description of current use: (i.e. house, v	vacant, restaurant, etc.)			
Name of Owner:				
Address of Owner:				
City, ST, Zip:	Pho	Phone:		
Contractor Name:(Please fill out <b>Contractor Information</b>	<b>n Form</b> if not already on file)			
Name of Applicant (Agent or Owner): _		Date of Applica	ation:	
Type of Improvement:	Proposed U (for demol	Jse:ition list most recent use)		
Building Type:# of S	tories: # of Bedrooms: _	# of Bathrooms:	Fireplace:	
Sprinkler Required: Yes No Water Supply: Public Private Sewage: Public Private Type of Heat: Gas Electric	Basement:	(including decks)  Garage: 1 <sup>st</sup> F Decks: Other		
Proposed Setbacks: F: R: LS	S: RS: Total Square I	Footage: Total Co	ost:	
Affidavit of Zoning Setbacks – City of Setbacks are measured from property lines of pavement, or back of curb, etc. Use special considered. If in doubt of the location of considered. If in doubt of the location of considered, hereby swear or affirm the TN, and that I understand the Zoning Code of REQUIRED SETBACKS FOR LOT: For I understand that it is my responsibility to any portion of the building is violating the	or street right-of-way lines (location care on lots with curved property I rner pins, it is recommended that y nat I am applying for a building per (attached) that pertains to: ZONE:  Front: Back: Side: to make sure that the building is he setback requirements, I will I	n of lot's corner pins) and NOT ines to ensure that the curvature of our have a surveyor locate the promit from the Building Department:  ———————————————————————————————————	from the edge of of the setback is operty lines.  Int for the City of Paris, understand that if in in violation.	
Applicant's Signature:	_ Date:	Phone:		