

Farragut

Commercial Re-Occupancy
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Address of Proposed Work: _____

City: _____ State: _____ Zip: _____

Contact Information

Applicant's Contact Information

Title: _____ First Name: _____ Last Name: _____ Suffix: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Contractor's Contact Information

Title: _____ First Name: _____ Last Name: _____ Suffix: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

CONTRACTOR
SECTION N/A

Property Owner's Contact Information

Title: _____ First Name: _____ Last Name: _____ Suffix: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Application Questionnaire (* denotes required question)

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Project Description *

Please describe the project for which you are applying.
Example: New practice moving in to existing dental office

Business Name *

Proposed Occupancy Use *

Previous Occupancy Use *

Total Sq. Ft. *

Application Acknowledgement *

The applicant of this permit does hereby covenant and agree to comply with the building / fire codes and all other ordinances of this jurisdiction, and statements given on this application are to the best of their knowledge, true and correct as it pertains to the occupancy of this commercial space. The applicant further acknowledges that this permit is for occupancy only, a business privilege license must be obtained and this permit is NOT for construction purposes that would otherwise require building permits as referenced in the International Building and Fire Codes.
