



**CITY OF BELLE MEADE
BUILDING PERMIT APPLICATION**

PERMIT # _____

PROJECT ADDRESS: _____

OWNER NAME (LAST) _____ (FIRST) _____ PHONE # _____

CONTRACTOR: _____ PHONE # _____

APPLICANT'S E-MAIL ADDRESS: _____

CONTRACTOR LICENSE # _____ WORKERS COMP. # _____

TYPE OF WORK: SINGLE FAMILY ADDITION POOL POOL HOUSE/GUEST HOUSE MOVE
 ALTERATION INTERIOR RENOVATION EXTERIOR RENOVATION REPAIR DEMO
 ROOF TERRACE DECK POOL SPA FENCE/WALL DRIVEWAY ORNAMENTAL POOLS

SQUARE FOOTAGE: _____ CONSTRUCTION COST: _____

[Office Use Only]

ESTIMATED COST: _____ PERMIT FEE: _____

LAND TO BUILDING RATIO

LOT SQ. FOOTAGE: _____

		ALLOWABLE	EXISTING	TOTAL WITH CHANGE	NET CHANGE + OR -	% OVER ALLOWABLE
FOOT PRINT	12%	_____	_____	_____	_____	_____
ESTATE A	8%	_____	_____	_____	_____	_____
VOLUME X	18	_____	_____	_____	_____	_____
TOTAL ROOF AREA:		_____	_____	_____	_____	_____
TOTAL % OF FLAT ROOF						
AREA <4/12 PITCH	30%	_____	_____	_____	_____	_____
DRIVEWAY	12%	_____	_____	_____	_____	_____
*FRONT YARD AREA:		_____	_____	_____	_____	_____
DRIVE IN FRONT	22%	_____	_____	_____	_____	_____
POOL / TERRACE / DECK						
ASSOC. W/ POOL	3%	_____	_____	_____	_____	_____
TENNIS COURT	9%	_____	_____	_____	_____	_____
DECK / TERRACE	4%	_____	_____	_____	_____	_____
**ACCESSORY AREA		_____	_____	_____	_____	_____

*** NO MORE THAN 22% OF FRONT YARD MAY BE IN PAVEMENT.**

****COMBINATION OF POOL / TERRACE, DECK, TENNIS COURT AND OTHER ACCESSORY STRUCTURES OR USES, SHALL NOT EXCEED 15%.**

DESCRIBE WORK: _____

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE 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.

CONSTRUCTION SHALL BE STRICTLY ACCORDING TO THE PLANS ON FILE WITH THE APPLICATION FOR THE PERMIT. CONSTRUCTION IN ANY WAY AT VARIANCE WITH THE PLANS WILL BE TREATED AS JUSTIFICATION FOR A STOP WORK ORDER, AND \ OR ORDER FOR REMOVAL, AND MAY NOT BE COMMENCED WITHOUT APPROVAL FROM THE CITY OF BELLE MEADE.

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THE TERMS THEROF.

SIGNATURE: _____ (Owner/Agent) **DATE:** _____