

DATE RECEIVED _____ APPLICANT INTERVIEW DATE _____

**KINGSTON SPRINGS PLANNING DEPT.
CONCEPT REVIEW APPLICATION**

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INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA
(Note: An incomplete application WILL delay the approval process.)

PROPERTY OWNER: _____ PHONE: _____

ADDRESS: _____

SUITE/APT: _____

PROPERTY ADDRESS: _____

MAP # _____ PARCEL #: _____

SUBDIVISION: _____ BLOCK: _____

LOT: _____

PROPERTY ZONING: _____ FLOOD ZONE: _____

IN GROWTH PLAN: _____

APPLICANT: _____ PHONE: _____

ADDRESS: _____

DESCRIPTION OF WORK:

I HEREBY CERTIFY THAT I HAVE COMPLETED, READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS WORK SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS WORK SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FEDERAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE BUILDING PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS, OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF ONE YEAR (EIGHTEEN MONTHS FOR STRUCTURES LARGER THAN 4000 SQ. FT.) AT ANY TIME AFTER INITIAL COMMENCEMENT OF THE WORK. A NEW PERMIT AND APPLICABLE FEES ARE REQUIRED IN THESE CASES.

IF THE APPLICANT IS NOT THE PROPERTY OWNER A NOTARIZED STATEMENT DESIGNATING A LEGALLY AUTHORIZED AGENT IS REQUIRED BEFORE APPLICATION APPROVAL OR ISSUANCE OF A PERMIT.

SIGNATURE: _____ DATE: _____

____ OWNER ____ AUTHORIZED REPRESENTATIVE

SUBMIT TOGETHER WITH APPLICABLE EVIDENCE OF:

- ____ CURRENT DEED
- ____ SITE PLAN (DRAW ON PAGE 3 OR PROVIDE ATTACHMENT)
- ____ NOTARIZED REPRESENTATIVE STATEMENT (IF APPLICABLE)

**IF APPLICANT GOES BEFORE THE PLANNING COMMISSION – 10 COPIES OF SIGNED (ALL BUT PLANNING SECRETARY SIGNATURE) PRELIMINARY/FINAL PLAT AND/OR SITE PLAN WITH APPROVED CONCEPT REVIEW ATTACHED. DUE AT THE TIME APPLICATION IS SUBMITTED

SUBMIT THE FOLLOWING ONLY IF APPLICABLE TO YOUR REQUEST :

- ____ SUBSURFACE WASTE DISPOSAL PLAN & CERTIFICATE (SEPTIC TNK. PRMT)
- ____ SEWER CONNECTION PERMIT
- ____ DRIVEWAY CONNECTION PERMIT
- ____ CONSTRUCTION PLANS
- ____ SURVEY BOUNDARY & LEGAL DESCRIPTION

CONTRACTOR: _____ PHONE: _____
ADDRESS: _____

ARCHITECT: _____ PHONE: _____
ADDRESS: _____

ENGINEER: _____ PHONE: _____
ADDRESS: _____

CONSTRUCTION VALUE: \$ _____
SQUARE FEET: _____ (RESIDENTIAL)
HEATED: _____ (\$.70 PER SQ. FT.) UNHEATED: _____ (\$.30 PER SQ. FT.)

CLASS OF WORK:

- ____ NEW ____ ADDITION ____ ALTERATION ____ REPAIR ____ FRAMING
- ____ INTERIOR WALLS ____ PLUMBING ____ HVAC
- ____ SINGLE FAMILY DWELLING ____ MULTI-FAMILY RESIDENTIAL
- ____ COMMERCIAL ____ OTHER

**SITE PLAN *INCLUDE DRIVEWAY, STRUCTURE, UTILITY
(SEPTIC, ELECTRIC, WATER, SEWER, ETC) LOCATIONS,
AND SETBACKS ON THIS SKETCH.**

