

Flw|#ri#Ohedqrq#
Uhvlgqwlido#Exloglqj#Dssolfdwlrq#

Building Inspections Department
200 N Castle Heights Ave Ste 300
Lebanon TN 37087
615-443-2839 ext. 2327
www.buildinginspection@lebanontn.org

Date: _____
Permit # _____

Important: Please review the Residential Review Checklist below this form. Please fill this form out completely. Incomplete applications will result in a hold on the permitting process.
Permit process can take up to 48 hours. We accept check or cash.

New Construction _____ **Remodel** _____

Place of Construction

Name of Builder _____ Contractors License _____
Subdivision _____ Lot Number _____
Property Address _____
Phase _____ Plat Book and Page Number _____
Total Sq. Footage (Heated/Cooled + Garage) _____
Impervious area (First Floor + Garage) _____
IS THIS LOT CRITICAL? YES _____ NO _____ Engineering Approval Yes _____ No _____
Cost of Construction \$ _____

Permit Fees (Automatic)

_____ x \$0.65 sqft = _____
Electrical Service release = \$25.00
Drive Way Fee = \$25.00
Garbage Cart Fee = \$75.00
Stormwater Inspection Fee = \$214.00
Mechanical Permit = \$50.00 Per Unit

Taps (Please Select)

INFRASTRUCTURE IMPACT FEE

Water Tap = \$600.00 \$1,500.00
Sewer Tap = \$1,500.00
Gas Tap = \$125.00
Irrigation Tap = \$612.50
Backflow = \$50.00

Connection Fees

Sewer, Water/Sewer, Gas = \$75.00 Each

TOTAL _____ SIGNATURE _____

Checklist:

****Contractors License**** Insurance made to the City of Lebanon with our address attached**
****Stamped Plot Plan by Land Surveyor (Optional)**** Wilson County Adequate Facility Taxes**
**** Energy Affidavit**** Scaled House Plans on 8 1/2 X 11**