



Building Inspection Department
Demolition Permit Application
 865-774-7120

| PROJECT INFORMATION | PROPERTY OWNER |
|---|------------------------|
| Project Address: _____ _____ | Property Owner: _____ |
| Tax Map/Group/Parcel: _____ | Mailing Address: _____ |
| Lot No: _____ Flood Hazard Area? Yes _____ No _____ | Phone Number: _____ |
| | Email Address: _____ |

| APPLICANT: (if different from owner) | GENERAL CONTRACTOR |
|--------------------------------------|-----------------------------------|
| Name: _____ | Company Name: _____ License _____ |
| Mailing Address: _____ | Address: _____ |
| Phone Number: _____ | Contact Person: _____ |
| Email Address: _____ | Phone Number: _____ |
| | Email Address: _____ |

1. COST OF PROJECT \$ _____
2. IS THIS DEMOLITION A RESULT OF THE NOVEMBER 28, 2016 FIRES? YES OR NO
3. WHERE IS THE DEBRIS BEING TAKEN? _____
4. ARE ANY WALLS REMAINING THAT ARE SERVING AS RETAINING WALLS? YES OR NO

IF YES, WHAT ARE THEY RETAINING? PARKING, STREET, ETC _____

NOTE: ANY WALLS THAT REMAIN MUST BE EVALUATED BY A STRUCTURAL ENGINEER

5. IS THERE A PROPANE TANK? YES OR NO
IF YES, THEN VERIFICATION THAT THE TANK HAS BEEN PROPERLY DISCONNECTED AND/OR DISPOSED TO BE SUBMITTED.
6. IS THERE A WELL? YES OR NO
7. IF YES, THEN VERIFICATION THAT THE WELL HAS BEEN PROPERLY DISCONNECTED TO BE SUBMITTED.
8. IS THERE A SEPTIC TANK? YES OR NO
IF YES, TERMINATION AS DEEMED BY THE Sevier County Health Department TO BE SUBMITTED
9. HAVE THE FOLLOWING UTILITIES BEEN DISCONNECTED?
 ELECTRICITY YES OR NO
 WATER YES OR NO
 SEWER YES OR NO
 NATURAL GAS YES OR NO
 PROPANE YES OR NO
10. ARE THERE HAZARDOUS TREES? (50% OF CROWN, TRUNK SPLIT EXPOSING HEARTWOOD, OR LEANING GREATER THAN 30 degrees) YES OR NO

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BY SIGNING THIS FORM I ALSO ACKNOWLEDGE THAT THE CONTRACTOR AND/OR PROPERTY OWNER IS RESPONSIBLE FOR THE COMPLIANCE WITH ALL LOCAL, STATE, AND FEDERAL REGULATIONS RELATED TO THE DISPOSAL OF HAZARDOUS MATERIALS AND WASTE.

Signature of Applicant: _____

Circle One: Owner Contractor Applicant Date: _____

OFFICE USE ONLY

PERMIT NUMBER: _____