

BEDFORD COUNTY BUILDING &/OR ZONING PERMIT INFO. SHEET

200 Dover St., Suite 101
SHELBYVILLE TN 37160
931-685-1336

YOU ARE REQUIRED TO HAVE:

- 1) TAX CARD & TAX MAP (OBTAINED @ PROPERTY ASSESSOR'S OFFICE, 2ND FLOOR OF US BANK)
- 2) SEPTIC TANK PERMIT (IF APPLICABLE)
- 3) 911 ADDRESS (OBTAINED FROM 911 OFFICE)
- 4) BUILDING PLANS / DIAGRAM OF STRUCTURE.
- 5) CONTRACTORS LICENSE & PROOF OF WORKER'S COMPENSATION COVERAGE

CONTRACTOR:	<hr/> <p style="text-align: center;">NAME</p> <hr/> <p style="text-align: center;">ADDRESS</p> <hr/> <p style="text-align: center;">CITY, STATE, ZIP</p> <p style="text-align: center;">()</p> <hr/> <p style="text-align: center;">PHONE</p>	<p style="text-align: center;">JOB LOCATION</p> <hr/> <p style="text-align: center;">ADDRESS</p> <hr/> <p style="text-align: center;">CITY, STATE, ZIP</p> <p style="text-align: center;">()</p> <hr/> <p style="text-align: center;">PHONE</p>
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CONTROL MAP: <hr/>	PARCEL: <hr/>	<hr/>
(located on your tax card)		SUB DIVISION - LOT #

OWNER INFORMATION:

MAILING ADDRESS: _____ - if same as above, check here

NAME

ADDRESS

CITY, STATE, ZIP

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PHONE

Septic Bedroom No. _____	Tax ID Number _____
Corner Lot _____	Zoning Permit No. _____
Flood Zone _____	Zoning Amount \$ _____
Road Frontage _____	Building Permit No. _____
Valuation Amt. _____	Building Amount \$ _____
Total Living Area _____	Tax Invoice No. _____
Total Square Footage _____	Sq. footage verified _____
Resident Mechanical _____	Plumbing fee _____
Commer Mechanical _____	Plumbing fixtures _____
inspections _____	BCSFT _____