

Commercial Permit Application

METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY

DEPARTMENT OF CODES
AND BUILDING SAFETY



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| Name of Project (name of business) | |
| Address of Project | |
| Map and Parcel Number (REQUIRED) Parcel ID https://maps.nashville.gov/ParcelViewer/ | |
| Registered E-plan User Name (not required at time of application) | |
| Contact Name | |
| Contact Phone Number | |
| Contact E-mail Address | |
| Architect/Engineer Name | |
| Architect/Engineer Phone Number | |
| Architect/Engineer E-mail Address | |
| Contractor Name | |
| Contractor Phone Number | |
| Contractor E-mail Address | |
| Contract Value or Construction Cost (if known) | |
| SELECT ONE: <input type="checkbox"/> Rehab/Renovation (no square footage added) <input type="checkbox"/> New construction or addition <input type="checkbox"/> Mobile vendor/Food <input type="checkbox"/> Use and Occupancy-establish a use of a business <input type="checkbox"/> Sign Permit <input type="checkbox"/> Demolition Permit <input type="checkbox"/> Master Permit | |
| Existing use: _____ New use: _____ | |
| Scope of Work: | |

Submit this application to zoninghelpdesk@nashville.gov

Vs. 3-8-24