

COMMERCIAL PERMIT APPLICATION (12/2025)

DEPARTMENT OF CODES AND BUILDING SAFETY METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON

SUBMISSION AND QUESTIONS RELATED TO THIS APPLICATION SHOULD BE DIRECTED TO ZONINGHELPDESK@NASHVILLE.GOV

Name of Project (name of business)		
Address of Project		Suite #:
Map and Parcel Number (REQUIRED)		

PERMIT TYPE	<input type="checkbox"/> MASTER PERMIT ✓ Multiple buildings on one parcel ✓ 3 or more attached or detached single-family homes ✓ Construction permits required <div>SWGR permit #</div>	<input type="checkbox"/> NEW CONSTRUCTION ✓ Standalone building ✓ Accessory structure ✓ Job site trailer <div>Master permit # (if applicable)</div>	<input type="checkbox"/> FOUNDATION PERMIT <div>Master permit # (if applicable)</div>	<input type="checkbox"/> SHELL PERMIT <div>Master permit # (if applicable)</div>			
	<input type="checkbox"/> TENANT FINISH OUT <div>Shell permit #</div>	<input type="checkbox"/> ADDITION ✓ Attached ✓ Additional square footage	<input type="checkbox"/> PERMIT AMENDMENT ✓ Additional square footage being added after permit issuance. ✓ Inspector required amendment for interior changes after permit issuance. <div>Original permit #</div>	<input type="checkbox"/> SIGN PERMIT <input type="checkbox"/> Wall sign <input type="checkbox"/> Ground/Pylon <input type="checkbox"/> Panel change out <input type="checkbox"/> Billboard <div>Permit # establishing business at this location</div>			
	<input type="checkbox"/> USE & OCCUPANCY ✓ Establish use of business <div>Previous business to occupy space</div>	<input type="checkbox"/> REHAB/RENOVATION ✓ No square footage added ✓ Roofing ✓ Interior or exterior work ✓ Interior demolition only					
	<input type="checkbox"/> FOOD TRUCK ✓ This permit with Codes is in addition to the Health Dept. and Metro Fire Dept. permits.	<input type="checkbox"/> CHANGE OF CONTRACTOR ✓ No change in scope of work ✓ Original permit issued <table border="1"> <tr> <td>Original permit #</td> <td>% of work remaining</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Original permit #	% of work remaining			<input type="checkbox"/> DEMOLITION PERMIT ✓ Removal of building <div>Will the slab remain?</div>
Original permit #	% of work remaining						

SCOPE OF WORK	Business activity: (What will you be selling? What services will you provide? What type of business will operate?)	
	Previous business to occupy space	Proposed business?
	Construction work taking place:	
	Contract value or construction cost (if known):	

POINT OF CONTACT	Point of contact for permit approvals?	Point of contact for plan submittal?
	Name:	Name:
	Phone:	Phone:
	E-mail:	E-mail:
	Third party review: Yes <input type="checkbox"/> No <input type="checkbox"/>	State registered identification number:

