

COMMERCIAL PERMIT APPLICATION (6/2026)

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 SWGR permit # <input type="text"/>	<input type="checkbox"/> NEW CONSTRUCTION ✓ Standalone building ✓ Accessory structure ✓ Job site trailer Master permit # (if applicable) <input type="text"/>	<input type="checkbox"/> FOUNDATION PERMIT Master permit # (if applicable) <input type="text"/>	<input type="checkbox"/> SHELL PERMIT Master permit # (if applicable) <input type="text"/>
	<input type="checkbox"/> TENANT FINISH OUT Shell permit # <input type="text"/>	<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. Original permit # <input type="text"/>	<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 Permit # establishing business at this location <input type="text"/>
	<input type="checkbox"/> USE & OCCUPANCY ✓ Establish use of business Previous business to occupy space <input type="text"/>	<input type="checkbox"/> REHAB/RENOVATION ✓ No square footage added ✓ Interior or exterior work ✓ Roofing work ✓ Interior demolition only	<input type="checkbox"/> DEMOLITION PERMIT ✓ Removal of building Will the slab remain? <input type="text"/>	<input type="checkbox"/> STRUCTURAL FRAMING PERMIT Master permit # (if applicable) <input type="text"/>
	<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 Original permit # % of work remaining <input type="text"/> <input type="text"/>		

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:
	By making this application I certify under penalty of perjury that I have permission of the owner to apply for this permit.	
Name:	Date:	