

COMMERCIAL PLANS REVIEW APPLICATION

Telephone: (731) 425-8262

CITY OF JACKSON
BUILDING AND HOUSING CODES DEPARTMENT

Fax: (731) 425-8228

APPLICANT INFORMATION

If you are a contractor with an account number complete section 1 and proceed to section 3.

If you are a contractor without an account number complete section 2.

If you are a design professional check here and proceed to section 3.

If you are the property/building owner check here and proceed to section 3.

1	ENTER YOUR JBHCD ACCOUNT NUMBER HERE	CONTRACTOR NAME (INDIVIDUAL CONTACT PERSON)	2
	ENTER COMPANY NAME HERE	CONTRACTOR COMPANY NAME	
	ADDRESS		
	CITY, STATE, ZIP		
	PHONE NUMBER INCLUDING AREA CODE		FAX NUMBER
3	LOCATION: <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY		
	STATE LICENSE NUMBER		CLASSIFICATION AND LIMITS

4	PROJECT INFORMATION		
ADDRESS INCLUDING SPACE IF APPLICABLE ADDRESS NUMBERS ARE ASSIGNED BY 911 OFFICE AND MUST BE CORRECT!			
PROJECT NAME		PROPOSED USE (EXAMPLE: STORE, CAFÉ, DAYCARE, ETC.)	
OWNER NAME		USE ZONE	FLOOD ZONE OCCUPANCY CLASSIFICATION
OWNER ADDRESS		CONSTRUCTION TYPE # STORIES SPRINKLERED	
CITY, STATE, ZIP		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE		SQ. FOOTAGE IN PROJECT	SQ. FOOTAGE IN TOTAL BUILDING
CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION			
<input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			

DESCRIPTION

5	DESIGN PROFESSIONAL	
	NAME	
	FIRM NAME	
	ADDRESS	
	CITY, STATE, ZIP	
	TELEPHONE	

TOTAL VALUE OF ALL WORK _____

VALUE OF SITE PREPARATION WORK _____

VALUE OF FIRE SAFETY WORK _____

VALUATION FOR PURPOSE OF PERMIT _____

CHECK ONE REVIEW TYPE
FAST TRACK <input type="checkbox"/>
NORMAL <input type="checkbox"/>

Proposed work involves the following:		Send Copies of Review to: <input type="checkbox"/> Owner <input type="checkbox"/> Designer <input type="checkbox"/> Contractor
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Gas <input type="checkbox"/> Demolition	
<input type="checkbox"/> Signs	<input type="checkbox"/> Fire Safety (Alarms & Suppression Sys.)	

COMMENTS: _____

IF YOU SPOKE WITH OUR OFFICE REGARDING THIS PROJECT, WITH WHOM DID YOU SPEAK?
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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature _____ Date: _____