



Request Date _____

Residential Zoning Compliance Permit Application

Sevier County Planning and Zoning Department

227 Cedar Street ~ Sevierville, TN. 37862

Telephone: (865) 453-3882

Fax: (865) 453-5923

PROPERTY ADDRESS PROPERTY OWNER

Street Number: _____

Property Owner: _____

Street Name: _____

Mailing Address: _____

City/State/ ZIP _____

Phone Number: _____

APPLICANT: (if not owner: contractor, etc)

Name: _____

If you would like the Zoning Compliance Permit sent to you, when issued, please provide your email address below.

Mailing Address: _____

Email: _____

Phone Number: _____

PERMIT INFORMATION (Please Check All That Apply)

- Project Type:** Single Family Dwelling Addition Duplex Garage Storage Building Deck / Patio Gazebo / Pavilion Porch
- Accessory Building Pool Retaining Wall Workshop
- Other use _____

Dwelling Units _____ Building Length _____ Width _____ Ave. Height _____ Story(s) _____ Bedrooms _____ Baths _____

Description of Work: (i.e. new two story house with unfinished basement and two car attached garage) _____

UTILITY INFORMATION

Water: ___ Public ___ Well ___ PPS (Private Public System)

Sewer: ___ Public ___ On Lot (Septic) ___ PPS (Private Public System)

Utility Name: _____

Utility Name: _____

A registered survey is recommended but not required for residential structures. If a registered survey is not submitted it is the responsibility of the owner or applicant to locate boundaries for the purpose of identifying the appropriate setback and representing to the planning office in the form of a sketch.

I, the undersigned being the owner or applicant for the **PERMIT** described above, affirm the accuracy of the above information about the property, structure and use described, and acknowledge that it is my responsibility to insure that such requirements are met during construction of the proposed structure. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting setbacks and height restrictions. Any incorrect information provided causes this application and subsequent permit to be null and void.

The **Zoning Compliance Permit** is valid for six (6) months after which times it is invalid if construction on the project site is not progressing.

Signature of Applicant: _____ **Circle One:** Owner Contractor Applicant **Date:** _____

PROPERTY INFORMATION (To be completed by Planning Staff)

Subdivision : _____ Lot Number: _____ Tax Map _____ Group _____ Parcel _____

Zoning District: A-1 R-1 R2-M R-2 C-1 C-2 I-1 CS Civil District: _____ Acreage: _____ Ac _____ SF

Overlay districts: CS Flood Hazard Areas: A AE X N/A ZCP Fee Paid _____ ZCP # _____