

Smyrna Department of Building Safety  
 315 S Lowry St, Smyrna TN 37167  
 615-355-5704

Email this form to: [permits@townofsmyrna.org](mailto:permits@townofsmyrna.org)

**a PLUMBING** permit is hereby requested for:

**RESIDENTIAL COMPLETE THIS INFORMATION**

Property Owner Name (Address/City if not project address): \_\_\_\_\_

Project Address: \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL COMPLETE THIS INFORMATION**

Business (Project) Name: \_\_\_\_\_

Business (Project) Address: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Project Amount/Estimated Construction Cost: \$ \_\_\_\_\_

Fixtures Types & Number of Each: \_\_\_\_\_

Plumbing Permit Fees		Amount	Description
		\$50.00 A	Base Fee
		\$20.00 B	Technology Fee
# of Fixtures: _____	\$10 Each Fixture \$ 10.00	\$ _____ C	# of fixtures x \$10
	\$25.00 Each Water Service Line \$ 25.00	\$ _____ D	Waterline
	\$25.00 Each Sewer Service Line \$ 25.00	\$ _____ E	Sewerline
<b>TOTAL</b>		\$ _____	

**CONTRACTOR COMPLETE THIS INFORMATION**

Contractor Name: \_\_\_\_\_ License Type: \_\_\_\_\_ License #: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Contractor City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Contractor Email: \_\_\_\_\_

My signature below represents that I am the responsible party for any work done under this permit; and furthermore, I agree to abide by any and all of the Town of Smyrna's adopted codes and ordinances.

Contractor/Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_