



Town of Smyrna Department of Building Safety
315 S Lowry St Smyrna TN 37167 615-355-5704
Email completed form to: permits@townofsmyrna.org

Commercial/Industrial Building Permit Application

Project information:

Business/Project Name_____

Business/Project Address_____

Scope of Work_____

Estimated Construction Cost_____

Plan Review Number_____

Contractor information:

Contractor Name_____

License Type_____ License Number_____

Contractor Address_____

Contractor Phone_____

Contractor Email_____

Superintendent Information (name, phone, email):_____

Additional information may be required and, if so, a representative of the Building and Codes Department may contact you.

My signature below represents that I am the responsible party for 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 Signature_____

Date_____