

Town of Bell Buckle
8 Railroad Square, P.O. Box 276
Bell Buckle, Tennessee 27020
(931) 389-9513

SITE PERMIT APPLICATION

Please Note: It is your responsibility to adhere to all current provisions of the Town of Bell Buckle regulatory documents.

Architect Information:

Name: _____

Address: _____

Phone Number and Email: _____

Applicant Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Property Owner Information

IF THERE IS MORE THAN ONE PROPERTY OWNER, PLEASE LIST EACH CONTACT & THEIR CONTACT INFORMATION.

Property Owner Name(s): _____

Property Owner(s) Address: _____

Property Owner(s) Phone #: _____ E-mail: _____

Project Information-Type of Action:

New Construction

Alteration

Physical Address of Proposed Action: _____

Dimensions:

Total Lot Width:

Side Yard Depth:

Total Lot Depth:

Rear Yard Depth:

Front Yard Depth: _____

Total Lot Area:

Number of Stories of Building: _____ Height of Building in Feet: _____

Total % of Area to be occupied by Buildings: _____

Current Use of Area: _____

Use of Area After Action: _____

Zoning Designation of Location of Proposed Action:

- A-1 Agricultural
- Old Town Residential District
- C-1 Business District
- C-2 General Commercial District

In making application for a site permit, the Applicant states that the information given is, to the best of their knowledge, true and accurate. It is understood and agreed by the Applicant that any error, misstatement, or misrepresentation of fact, either or without intention on their part, such as might, if known, cause a refusal of this application or any alteration or change in plans made without the approval of the site inspector subsequent to the issuance of the site permit, shall constitute sufficient grounds for the revocation of such permit. Applicant further agrees to abide by all zoning regulations and ordinances and further shall be liable for all costs, including but not limited to, reasonable attorney and court costs for enforcement of the same.

****Attach a detailed drawing of proposed action****

Applicant Signature Date: _____

Signature of Owner(s) Date: _____

Signature of Owner(s) Date: _____

Signature of Owner(s) Date: _____

Estimated Cost: _____ Fee: _____ Date Paid: _____

Signature of Town of Bell Buckle Representative Date: _____

TO BE COMPLETED BY THE BUILDING INSPECTOR ONLY

Signature and Date: _____

Town of Bell Buckle Site Inspector