

Commercial Permit Application

METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY

DEPARTMENT OF CODES
AND BUILDING SAFETY



Name of Project (name of business)	
Address of Project	
Map and Parcel Number (REQUIRED) Parcel ID https://maps.nashville.gov/ParcelViewer/	
Registered E-plan User Name (not required at time of application)	
Contact Name	
Contact Phone Number	
Contact E-mail Address	
Architect/Engineer Name	
Architect/Engineer Phone Number	
Architect/Engineer E-mail Address	
Contractor Name	
Contractor Phone Number	
Contractor E-mail Address	
Contract Value or Construction Cost (if known)	
SELECT ONE: <input type="checkbox"/> Rehab/Renovation (no square footage added) <input type="checkbox"/> New construction or addition <input type="checkbox"/> Mobile vendor/Food <input type="checkbox"/> Use and Occupancy-establish a use of a business <input type="checkbox"/> Sign Permit <input type="checkbox"/> Demolition Permit <input type="checkbox"/> Master Permit	
Existing use: _____ New use: _____	
Scope of Work:	

Submit this application to zoninghelpdesk@nashville.gov

Vs. 3-8-24