

COMMERCIAL PERMIT APPLICATION (6/2026)

DEPARTMENT OF CODES AND BUILDING SAFETY METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON

SUBMISSION AND QUESTIONS RELATED TO THIS APPLICATION SHOULD BE DIRECTED TO ZONINGHELPDESK@NASHVILLE.GOV

Name of Project (name of business)		
Address of Project		Suite #:
Map and Parcel Number (REQUIRED)		

PERMIT TYPE	☐ MASTER PERMIT ☒ Multiple buildings on one parcel ☒ 3 or more attached or detached single-family homes ☒ Construction permits required SWGR permit #	☐ NEW CONSTRUCTION ☒ Standalone building ☒ Accessory structure ☒ Job site trailer Master permit # (if applicable)	☐ FOUNDATION PERMIT Master permit # (if applicable)	☐ SHELL PERMIT Master permit # (if applicable)			
	☐ TENANT FINISH OUT Shell permit #	☐ ADDITION ☒ Attached ☒ Additional square footage	☐ PERMIT AMENDMENT ☒ Additional square footage being added after permit issuance. ☒ Inspector required amendment for interior changes after permit issuance. Original permit #	☐ SIGN PERMIT ☐ Wall sign ☐ Ground/Pylon ☐ Panel change out ☐ Billboard Permit # establishing business at this location			
	☐ USE & OCCUPANCY ☒ Establish use of business Previous business to occupy space	☐ REHAB/RENOVATION ☒ No square footage added ☒ Interior or exterior work ☒ Roofing work ☒ Interior demolition only					
	☐ FOOD TRUCK ☒ This permit with Codes is in addition to the Health Dept. and Metro Fire Dept. permits.	☐ CHANGE OF CONTRACTOR ☒ No change in scope of work ☒ Original permit issued <table border="1"> <tr> <td>Original permit #</td> <td>% of work remaining</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Original permit #	% of work remaining			☐ DEMOLITION PERMIT ☒ Removal of building Will the slab remain?
Original permit #	% of work remaining						

SCOPE OF WORK	Business activity: (What will you be selling? What services will you provide? What type of business will operate?)	
	Previous business to occupy space	Proposed business?
	Construction work taking place:	
	Contract value or construction cost (if known):	

POINT OF CONTACT	Point of contact for permit approvals?		Point of contact for plan submittal?	
	Name:		Name:	
	Phone:		Phone:	
	E-mail:		E-mail:	
	Third party review: Yes ☐ No ☐		State registered identification number:	
	By making this application I certify under penalty of perjury that I have permission of the owner to apply for this permit.			
Name:		Date:		