



**APPLICATION
FOR
TOURIST RESIDENCY PERMIT**

OWNER'S NAME AND MAILING ADDRESS: _____

PHONE NO: _____

LOCATION OF RENTAL UNIT: _____

NAME OF UNIT: _____

EMAIL: _____

Please provide the following information:

Total number of bedrooms _____ Total number of stories _____

Maximum number of occupants _____ Total gross square feet of building _____

Note: All tourist residencies more than three (3) stories, more than five thousand (5,000) gross square feet, or more than twelve (12) occupants must have an approved sprinkler system.

The fee is \$200 for 2 bedrooms or less, each bedroom over two is an additional \$75 per bedroom. Please send check with application to: Town of Pittman Center, 2839 Webb Creek Road, Sevierville, TN 37876

RENTAL AGENT: (NAME AND MAILING ADDRESS)

PHONE NO.: _____

SIGNATURE OF APPLICANT
(OWNER, AGENT, ETC.)

DATE

FOR OFFICE USE ONLY

This unit is located in a _____ Zone.

CITY ADMINISTRATOR

DATE

An inspection for building code compliance was done on _____.

APPROVAL OF PERMIT: Yes _____ No _____

BUILDING OFFICIAL

DATE

FOR PERMIT APPLICATION INFORMATION CALL: 865-436-5499