



Town of Nolensville

Deck Permit Application

Permit No: _____

Codes Department: 776-6686

776-3634 (fax)

(Application must be printed and filled out completely, or permit will be denied)

Applicant Name			Phone Numbers		
Applicant is: <input type="checkbox"/> Builder/Contractor <input type="checkbox"/> Owner <input type="checkbox"/> Other (explain)					
Name of Owner/Contractor			Contractor License No. (copy attached)		
Address of Owner/Contractor			Email Address		
Job Address				Lot Number	
Plat/Map#	Page/parcel #	Zoning	Subdivision		

NOTE:
Copy of plat plan is required showing placement of deck on property. If property owner is performing the work, a signed copy of Worker's Compensation Insurance is required.

Check List:

- Plot plan
- Copy of Contractor's TN License
- Worker's Comp Insurance ~ OR ~
- Signed Owner's Waiver

Permit Fee Calculation:

Total sq ft	\$25 per sq ft	=	Valuation ¹ (thousands)	x	Per Thousand Amt ²	=	Additional Amount	+	Base Amount ³	=	Total Permit Fee Due
_____	x \$25.00	=	(_____)	x	[]	=	_____	+	[]	=	_____

Example: 10' x 13' deck: 130 x \$25.00 = \$3,250 (3.250) x \$5.00 = \$16.25 + \$60.00 = \$76.25

¹ Valuation between:	² Plus Per Thousand	³ Base Amount
0.01 2,000.00	\$0.00	\$25.00
2,000.01 15,000.00	\$5.00	\$60.00
15,000.01 50,000.00	\$3.75	\$130.00
50,000.01 100,000.00	\$2.75	\$250.00

NOTICE:

Application is hereby made for a permit for the purpose shown on the accompanying plan, to be located as shown on the accompanying plot plan. The information given is part of this application, in reliance upon which is requested the issuance of a building permit. **It is understood and agreed by this applicant that any error, misstatement or misrepresentation, either with or without intention on the part of this applicant, such as might, or would operate to cause disapproval of the application shall constitute grounds for the revocation of such permit.**

I hereby certify that the information given is true and correct.

Signature of Applicant

Date

Property Owner's Signature & Date

Total Fees	Date Paid	Check No.	Staff

