



Town of Nolensville

Renovations/Additions Permit Application

Permit No: AD -
 Codes Department: 776-6686 Fax: 776-3633

Application must be 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		
Plan Description (use back of application if needed)*:					

Attached:

Worker's Comp Insurance or Signed Owner's Waiver
 Copy of Contractor's TN License
 Copy of plot plan is required showing placement of improvement to property
 Copy HOA Letter, if applicable

Check List:

Erosion Control List
 Inspection Requirements

The Town of Nolensville uses the 2012 (IRC) and 2009 (IECC)

Type of Construction:		Building Value:	
Carport/Outbuilding	\$30.00		_____
Garage	\$40.00	X	_____
Renovations	\$65.00	Total Sq Ft	_____
Unfinished Basement	\$30.00		_____
Addition/Based on most current Building Valuation Data		TOTAL DUE	_____
Retaining Wall	Total: \$65.00		_____
Storm Shelter	Total: \$25.00		_____

NOTE

You must email inspections@nolensvilletn.gov for initial and final inspections.

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

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