



Town of Nolensville

Sprinkler Permit Application

Permit No: _____

Codes Department: 776-6686 776-3634 (fax)

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 Owner/Contractor			Contractor License No. (copy attached)		
Address of Owner/Contractor			Email Address		
Job Address					Lot Number
Plat/Map#	Page/parcel #	Zoning	Subdivision		
Type of Work: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Attached: <input type="checkbox"/> Worker's Comp Insurance <input type="checkbox"/> Copy of Contractor's License			
Description of Work: <input type="checkbox"/> New System <input type="checkbox"/> Alteration to Existing System		<input type="checkbox"/> Addition to System		<input type="checkbox"/> Repair to Existing System <input type="checkbox"/> Hydraulic Calculations	

Number of Sprinkler Heads _____	Construction Value Estimate: \$ _____
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Permit Fee Calculation:	Total Permit Fee: \$ <u>100.00</u>
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NOTICE:

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

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

Signature of Applicant

Date

Total Fees	Date Paid	Check No.	Staff