



Town of Nolensville

Swimming Pool 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 Owner/Contractor			Contractor License No. (copy attached)	
Address of Owner/Contractor			Email Address	
Job Address			Lot Number	Phone Numbers
Plat/Map#	Page/parcel #	Zoning	Subdivision	
Type of Work: <input type="checkbox"/> Public Pool <input type="checkbox"/> Private Pool <input type="checkbox"/> Above Ground <input type="checkbox"/> In-Ground <input type="checkbox"/> Wood Decking <input type="checkbox"/> Concrete Decking				
Description of Work:				

Permit Fee Calculation:			
Value at least	Not more than	Base Amount	Plus/Per Thousand
.01	2,000.00	25.00	0.00
2,000.01	15,000.00	60.00	5.00
15,000.01	50,000.00	130.00	3.75
50,000.01	100,000.00	250.00	2.75
100,000.01	500,000.00	400.00	2.75
500,000.01	1,000,000.00	1,400.00	2.25
1,000,000.01	99,999,999.99	2,400.00	1.25
Construction Value: _____		Total Fee Due: _____	

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 attached specifications and drawings for the review of the Nolensville Codes Department. I am aware that the pool shall be located in the rear yard and not less than Ten (10) feet from any property line, as the attached drawing(s) show. Neither pool nor decking can encroach PUDE.

I agree not to fill pool until proper barrier is in place and door alarm is installed and active.

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

Signature of Applicant

Date

Signature of Property Owner

Date

Total Fees	Date Paid	Check No.	Staff