



Town of Nolensville

Application for Zoning Certificate

New Businesses or Change of Use for Existing Buildings

Permit: _____

We are here to assist you with the zoning review/approval portion of your project in the Town of Nolensville. In order to expedite the review process for your proposed use, we request that you fill out the attached form as completely as possible. Please include a plot plan when you submit this application.

This form will be used to determine the types of zoning and specific requirements that you may need. Completion of the form does not necessarily constitute zoning approval. You will be contacted as soon as possible with a determination as to how you should proceed with the permitting process. If you have any questions, please do not hesitate to contact the Planning Department at (615) 776-6688 or (615) 776-6691.

Address of Activity		Parcel ID	
Property Owner Name		Property Owner's Mailing Address	
Property Owner Phone Number(s)		Property Owner's Email Address	
Applicant/Agent Name		Applicant/Agent's Mailing Address	
Phone Number(s)		Email Address	
Does site have public sewer service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does site have private septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	If septic, has county approved system for use? (If yes, attach documentation.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property in floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS USE:

Name of Business
Describe the products and/or services offered

PROPOSED USE:

Name of Business and description of products/services offered			Total Number of Parking Spaces at Site
Square Feet	Number of Entrances	Number of Exits	Anticipated Maximum Occupancy
Do you have a business license from Williamson County? If not, will you be obtaining one? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Number of Employees at Site	Hours & Days of Operation

PROPOSED CHANGES:

Internal changes to building, including, but not limited to: plumbing, server, electrical, mechanical/HVAC, structural or firewalls, equipment/appliances.
External changes to building including, but not limited to roof, door, painting. (Any and all signs will require a separate application)

PROPOSED CHANGES (Continued):

Changes to the site or property including, but not limited to, driveway, parking/access, fencing.
Describe how the change of use will affect noise, vibrations, air pollution, glare/heat, electromagnetic radiation, or dangerous materials/hazardous wastes.
List any other relevant information or impact, positive or negative, to the neighborhood.

THE APPLICANT IS RESPONSIBLE FOR CONTACTING OTHER DEPARTMENTS TO DETERMINE IF ADDITIONAL PERMITS ARE REQUIRED.

Completion of this form does not constitute zoning approval. The information provided will assist in determining the requirements for zoning approval. You will be contacted as soon as possible with a determination.

The undersigned hereby applies for a zoning compliance certificate for the above use, to be issued on the basis of the representation contained herein, all of which the applicant affirms to be true and correct to the best of their knowledge.		
Applicant/Agent's Signature	Print Applicant/Agent's Name	Date
Property Owner's Signature	Print Property Owner's Name	Date

<p>Based upon the statements found in the above application, the proposed use for the property described above is found to comply with the Town of Nolensville Zoning Ordinances and the certificate is granted with the following conditions:</p> <p> <input type="checkbox"/> Certificate of Appropriateness from HZC <input type="checkbox"/> A Plot Plan is required <input type="checkbox"/> Requires Planning Commission Approval <input type="checkbox"/> Sign Permit Required for Sign <input type="checkbox"/> Life Safety Inspection <input type="checkbox"/> Other _____ </p>	<p>A plot plan may be required, subject to the nature of project. The plot plan should include the following information:</p> <ul style="list-style-type: none"> • Dimensions of lot • Dimensions of proposed structures • Adjacent streets/sidewalks • Dimensions of existing structures • Other existing uses • External lighting • Landscaping • Curb cuts • Distances from structures to property lines • Portion of the building to be used • Parking for customers/employees • Any other relevant information 												
<p>Life Safety Inspection Fee is \$65.00 (Ord. #06-08; Ord. #14-17)</p>	<p>Zoning District:</p> <p> <input type="checkbox"/> (CR) Commercial Regional <input type="checkbox"/> (CS) Commercial Services <input type="checkbox"/> (ER) Estate Residential <input type="checkbox"/> (OI) Office Industrial <input type="checkbox"/> (PS) Public Institutional <input type="checkbox"/> (SR) Suburban Residential <input type="checkbox"/> (V) Village <input type="checkbox"/> (ABO) Annexation Buffer Overlay <input type="checkbox"/> (CCO) Commercial Corridor Overlay <input type="checkbox"/> (HDO) Historic District Overlay <input type="checkbox"/> (OSD) Open Space Development <input type="checkbox"/> (PUD) Planned Unit Development </p>												
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