



# Town of Nolensville

## Renovations/Additions Permit Application

Permit No.: \_\_\_\_\_

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 ( <i>explain</i> )				
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

Type of Construction:		Building Value:
Carport/Outbuilding	\$30.00 x	_____
Garage	\$40.00 x	_____
Renovations	\$65.00 x	_____ <b>Total Sq Ft</b> _____
Unfinished Basement	\$30.00 x	_____
Addition/Based on most current Building Valuation Data		<b>TOTAL DUE</b> _____

**NOTE**

You must call  
**776-6686**  
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

Total Fees	Date Paid	Check No.	Staff