



# 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 ( <i>explain</i> )					
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		
<b>Type of Work:</b> <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:					

<b>Permit Fee Calculation:</b>	
Private Pool (\$25.00)	\$ _____
Public Pool (\$40.00)	_____
Total for Water Heater / Vent (\$1.50)	_____
Filling System / Back-Flow Prevention (\$1.50)	_____
Gas Piping System (\$1.50 ea)	_____
Backwash Receptor (\$1.50 ea)	_____
Replacing of Filter (\$3.00 ea)	_____
Replacing of Piping (\$3.00 ea)	_____
Misc. Replacements (\$3.00 ea)	_____
	<b>TOTAL DUE: \$ _____</b>
Construction Value \$ _____	

**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.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Total Fees	Date Paid	Check No.	Staff