City of Brentwood Planning and Codes Department 5211 Maryland Way (37027) P.O. Box 788 Brentwood, TN 37024-0788 Office (615) 371-2204

Fax (615) 371-2233



www.brentwood-tn.org/planning

Begin using this document January 1, 2013

## Commercial / Residential ◆ Well Drilling Permit Application ◆

2.) PERMIT APPLICATION DATE:	, 201
3.) CHECK ALL THAT APPLY FROM THE FOLLOWING:	
☐ Commercial	
Irrigation ☐ Geo –Thermal ☐	
Other (if Other, describe):	
☐ Residential	
Irrigation ☐ Geo –Thermal ☐	
Other  (if <i>Other</i> , describe):	
4.) PROJECT INFORMATION	
Property Street Address:	
Subdivision Name:	
Map / Parcel #:	
Property Owner's Name(s):	
3.) WATER WELL DRILLER'S INFORMATION	
Applicant Name:	
Applicant's Company Name:	
Licensed Driller's Certification No.:	
Workman's Compensation Policy No.:	Exp. Date:
Brentwood Business Tax License No.:	•
Company Telephone Number: ()	Ext. No.: ()
Applicant's Mobile Telephone Number: ()	
Email Address:	
7.) The driller is required to send a Tennessee Water Well Drille	, ,
Supply. The report must give the name and address of the (	
completion and a description of the well's construction. Exis	-
a threat to ground water should be properly backfilled and a	bandoned. The Tennessee Division of Water Su

(CONTINUED ON BACK)

8.) <u>E</u>	STIMATED PROJECT COMPLETION DATE		
	Provide your estimated date of completion for	this water well project. NOTE: A Final Inspection is required.	
	Estimated Date of Completion:	, 201	
9.) <u>N</u>	OTICE TO APPLICANT / CONTRACTOR		
	connection, auxiliary intake, or bypass, unles method of connection, and the use and ope	ation, allowing the installation, or maintenance of any cross so the source and quality of water from the auxiliary supply, the ration of such cross connection, auxiliary intake, or bypass has t of Environment & Conservation. T.C.A. 68-221-711.	
	Application and permit become void if work is	not commenced or is idle for more than 180 days.	
10.) <u>s</u>	SELECT AND SIGN ONE (1) OF THE FOLLOW	VING OPTIONS:	
10A)	I PLAN TO PERFORM ALL ASSOCIATED ELECTRICAL WORK MYSELF AND CONSEQUENTLY, I SWEAR, AFFIRM AND CERTIFY THAT I HAVE APPLIED FOR AND OBTAINED ALL NECESSARY ELECTRICAL PERMIT(S) REQUIRED TO COMPLETE THIS JOB FROM THE STATE OF TENNESSEE.		
	ELECTRICAL PERMIT NUMBER IS:		
	**	<del>;</del>	
	SIGN HERE IF YOU HAVE OBTAINED A	LL ELECTRICAL PERMITS YOURSELF;	
		OR,	
10B)	PERFORM ANY ASSOCIATED ELECTRICAL WORK THE ELECTRICAL CONTRACTOR PERFORMING SAID TION BELOW:		
	**	( )	
	ELECTRICAL CONTRACTOR'S NAME	TELEPHONE NUMBER	
11.)	ACKNOWLEDGE AND CERTIFY		
	TO BE TRUE AND CORRECT. ALL PROVIS TYPE OF WORK WILL BE COMPLIED WIT OF A PERMIT DOES NOT PRESUME TO G	AND EXAMINED THIS APPLICATION AND KNOW THE SAME SIONS OF LAWS AND ORDINANCES GOVERNING THIS TH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING IVE AUTHORITY TO VIOLATE OR CANCEL THE OR ANY OTHER STATE OR LOCAL LAW REGULATIONS.	
Applic	ant's Signature	Date	
Applic	cant's Name (print clearly)		
	<u>OF</u>	FICE USE ONLY	
	REVIEWED BY:	DATE:	