



**Department of Building and Safety**  
**595 SILVER LACE BLVD, FERNLEY, NV 89408 (775)-784-9900**

**RESIDENTIAL BUILDING PERMIT APPLICATION**

PERMIT APPLICATIONS, PLANS OR SUPPORTING DOCUMENTATION THAT ARE INCOMPLETE OR ILLEGIBLE WILL NOT BE ACCEPTED.

<b>APPLICANT'S INFO.:</b>	APPLICANT'S NAME:		ROLE: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGN PROFESSIONAL			
	COMPANY:					
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:		STATE:		ZIP CODE:	
	PHONE:		CELL:		EMAIL:	
<b>PARCEL INFO.:</b>	ASSESSOR PARCEL NO. (APN):			FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	PROJECT ADDRESS:			BUILDING OR SUITE NO.:		
	CITY:		STATE:		ZIP CODE:	
	SUBDIVISION:		BLOCK:		LOT NO.:	
	TOTAL LOT AREA:		ZONING:		SETBACKS - FRONT:    SIDES:    REAR:    / CORNER PARCEL:	
<b>PERMIT / PROJECT INFORMATION:</b>	PROJECT DESCRIPTION:					
	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REMODEL <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER:				BUILDING HEIGHT ABOVE GRADE (FT):	
	PROJECT/UNIT TYPE: <input type="checkbox"/> DETACHED ONE- OR TWO-FAMILY DWELLING <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> ACCESSORY STRUCTURE:					
	NO. OF STORIES:		NO. OF UNITS:		NO. OF BEDROOMS:	
					NO. OF BATHROOMS:	
					GARAGE SIZE: ___ - CAR	
	OCCUPANCY GROUP PER ICC TABLE:			AND CONSTRUCTION TYPE PER ICC TABLE:		
	FIRE SPRINKLER: <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE AREAS OVER 3600 SQ. FT., SEPARATED BY FIRE WALLS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			
	FLOOR AREAS (SQ. FT.):		LIVING SPACE:		DECKS:	
					PORCHES:	
					BASEMENT/STORAGE:	
	GARAGE:		OTHER:		TOTAL STRUCTURE AREA:	
	UTILITY INFORMATION:		<input type="checkbox"/> CITY SEWER ( <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING)		<input type="checkbox"/> CITY WATER ( <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING)	
					<input type="checkbox"/> NATURAL GAS ( <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING)	
					<input type="checkbox"/> LPG/PROPANE GAS ( <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING) - TANK SIZE:    - GALLONS	
				<input type="checkbox"/> ELECTRICAL SERVICE ( <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND)		
<input type="checkbox"/> SEPTIC SYSTEM ( <input type="checkbox"/> NEW - PROVIDE PERCOLATION TEST RESULTS AND SITE PLAN <input type="checkbox"/> EXISTING - PROVIDE VERIFICATION AND SERVICE LETTER)						
<input type="checkbox"/> SEPTIC TANK SIZE:    - GALLONS		ABSORPTION AREA - NO. OF DISTRIBUTION LINES:		LENGTH OF DISTRIBUTION LINES (FT):		
<input type="checkbox"/> WELL ( <input type="checkbox"/> NEW - PROVIDE WELL DRILLER'S LOG AND LAB RESULTS <input type="checkbox"/> EXISTING - PROVIDE WELL DRILLER'S LOG AND LAB RESULTS)						
<input type="checkbox"/> NEW PLANS ATTACHED		<input type="checkbox"/> NO PLANS		<input type="checkbox"/> PLANS ON FILE - CITY OF FERNLEY PLAN NO.:		
NO. OF PLUMBING FIXTURES:		WATER CLOSETS (TOILETS):		LAVATORIES:		
				SINKS (KITCHEN / LAUNDRY):		
BATHTUB:		SHOWER:		BATH/SHOWER COMBO:		
<b>FOR BUILDING DIVISION USE ONLY</b>						
FILING DATE:		BY:		ISSUED BY:		
				DATE:		
BUILDING PERMIT NO.: BP			PLAN NO.:			
<input type="checkbox"/> OWNER-BUILDER PERMIT PURSUANT TO NRS 278.573 ( <input type="checkbox"/> RECEIVED ACKNOWLEDGEMENT FORM)		PERMIT FEE		\$		
		PLAN CHECK FEE		\$		
<input type="checkbox"/> RCT DISTRICT <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> RECEIVED WATER - SEWER RECEIPT		PARK TAX		\$		
ZONING REVIEWED BY:		DATE:		ROAD TAX		
				\$		
PLANS REVIEWED BY:		STARTED:		COMPLETED:		
		TOTAL BALANCE DUE		\$		
		TOTAL AMOUNT PAID		\$		

<b>OWNER'S INFO:</b>	OWNER'S NAME:			
	COMPANY:			
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE:	CELL:	FAX:	EMAIL:
<b>DESIGN PROFESSIONAL'S INFO:</b>	ARCHITECT:		CONTACT'S NAME:	
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE:	CELL:	FAX:	EMAIL:
	ENGINEER OF RECORD:		CONTACT'S NAME:	
	ADDRESS:			BUILDING OR SUITE NO.:
CITY:		STATE:	ZIP CODE:	
PHONE:	CELL:	FAX:	EMAIL:	
<b>CONTRACTOR'S INFORMATION:</b>	BUILDING/GENERAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE:	CELL:	FAX:	EMAIL:
	ELECTRICAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE:	CELL:	FAX:	EMAIL:
	MECHANICAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE:	CELL:	FAX:	EMAIL:
	PLUMBING CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
CITY:		STATE:	ZIP CODE:	
PHONE:	CELL:	FAX:	EMAIL:	

CONTRACTOR'S INFORMATION:	FRAMING CONTRACTOR:			CONTACT'S NAME:		
	CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:			STATE:		ZIP CODE:
	PHONE:		CELL:	FAX:		EMAIL:
	DRYWALL CONTRACTOR:			CONTACT'S NAME:		
	CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:			STATE:		ZIP CODE:
	PHONE:		CELL:	FAX:		EMAIL:
	ROOFING CONTRACTOR:			CONTACT'S NAME:		
	CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:			STATE:		ZIP CODE:
	PHONE:		CELL:	FAX:		EMAIL:
	INSULATION CONTRACTOR			CONTACT'S NAME:		
CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:	
ADDRESS:				BUILDING OR SUITE NO.:		
CITY:			STATE:		ZIP CODE:	
PHONE:		CELL:	FAX:		EMAIL:	

CONTRACTOR'S INFORMATION	LANDSCAPE CONTRACTOR:			CONTACT'S NAME:		
	CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:			STATE:		ZIP CODE:
	PHONE:		CELL:	FAX:		EMAIL:
	OTHER CONTRACTOR:			CONTACT'S NAME:		
	CITY OF FERNLEY BUSINESS LIC. NO.:			NV CONTRACTOR LIC. NO.:		CLASS:
	ADDRESS:				BUILDING OR SUITE NO.:	
	CITY:			STATE:		ZIP CODE:
	PHONE:		CELL:	FAX:		EMAIL:

I understand and agree that the City of Fernley has no obligation to explain every requirement and ordinance to me prior to or during the course of this project. Furthermore, I understand that any and all City or State laws or ordinances are enforceable at any time, with or without prior notification. The issuance of a permit based on plans, specifications and other construction documents shall not prevent the Building Official from thereafter requiring the corrections of errors in said plans, specifications and other construction documents, or preventing building operations be carried on there under when in violation of City or State laws or ordinances. The Building Official is authorized to suspend or revoke a permit issued under the provisions of the code wherever the permit is issued in error or on the basis of incorrect, inaccurate or incomplete information, or in violation of any ordinance or regulation of the provisions of the code.

It shall be the duty of the permit holder or their agent to notify the Building Official that permitted work is ready for an inspection. Requesting an inspection for work that is incomplete, in progress or not ready may result in a re-inspection fee. It shall be the duty of the person requesting any inspections required by the code to provide access to and means for inspection of such work. Inspectors will not perform inspections in the presence of any unrestrained animals or in the presence of minors without a parent or legal guardian present. Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the Building Official. Any portion of work shall not be covered or concealed until authorized by the Building Official. The building permit, approved plans and inspection card shall be kept on the site of the work until the completion of the project.

The Building Official shall suspend or revoke a certificate of occupancy issued under the provisions of the code wherever the certificate is issued in error, or on the basis of incorrect information supplied, or where it is determined that the building or structure or portion thereof is in violation of any ordinance or regulation or any of the provisions of the code

**UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.**

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections during normal business hours for the duration of the permit.

\_\_\_\_\_ I certify that I am a licensed contractor pursuant to NRS 624.  
(Initial)

\_\_\_\_\_ I certify that I am an owner-builder pursuant to the provisions of NRS 278.573.  
(Initial)

\_\_\_\_\_ I certify that I am a licensed Design Professional pursuant to NRS 623  
(Initial) or NRS 625.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Title (owner, architect, contractor, etc.) \_\_\_\_\_