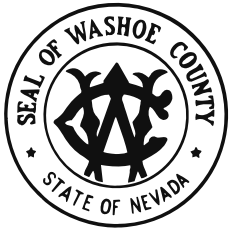


Permit # _____



Washoe County

Department of Building & Safety

1001 E. Ninth Street
P.O. Box 11130
Reno, NV 89520-0027
Phone (775) 328-2020

FAX (775) 328-6132 or FAX (775) 325-8016
www.washoecounty.us/bldgsafety



RESIDENTIAL/REMODEL

BUILDING PERMIT APPLICATION

Parcel Number: _____ Address: _____

Unit No. _____

Owner Information: Owner/Builder Permit? ___ Yes ___ No

Name: _____ Phone No: _____

Address: _____

Contractor Information:

General Contractor: _____ Contact Name: _____

Address: _____

Phone : _____ Fax : _____

Nevada License No. : _____ County Business License No.: _____

Design Professional Information:

Architect's Name: _____ Phone No.: _____

Email: _____ Fax No.: _____

Engineer's Name: _____ Phone _____

Email: _____ Fax No.: _____

Person to contact regarding the permit:

Name: _____ Phone No.: _____

Email: _____ Fax No.: _____

Project Information: (Complete Applicable Items)

Contract Price: _____

Total Project Sq. Footage: _____

New Living Area Sq. Footage: _____

Remodel Sq. Footage: _____

Current Living Area Sq. Footage: _____

New Garage Sq. Footage: _____

Current Garage Sq. Footage: _____

New Covered Deck and Porch Sq. Footage: _____

New Deck and Porch Sq. Footage: _____

Patio Cover or Sunroom Sq. Footage: _____

Shed Sq. Footage: _____

Fence Lineal Footage: _____

Water Well: Yes No

Septic System: Yes No

Architectural Committee Yes No

Description of Work:

Applicant (print) _____ **Date:** _____

Signature _____

FOR OFFICE USE ONLY

RTC:

New Single Family Home Accessory Dwelling (second kitchen on site) N/A

Park Tax Determination:

New Dwelling on Vacant Lot Replace Existing Dwelling Built Prior To 1974 N/A

Building Code Information:

Edition of Code: _____ Building Code used: _____

Type of Construction: Wood Framing ~ Steel Framing Occupancy Use _____

Occupancy Group: Single Family Home ~ Townhouse ~ Duplex