Print Form

CARSON CITY

COMMUNITY DEVELOPMENT - BUILDING DIVISION

108 E. PROCTOR ST. CARSON CITY, NV 89701

(775) 887-2310 FAX (775) 887-2202

PERMIT APPLICATION

Submittal Date:	
Permit Number:	
Application Type/Initials:	
Bin Number:	
Standard Plan Number:	

Assessor's Parcel #	**Jobsite Street Address:**	**Valuation**
Proposed Construction Description:		

Owner	**Owner's Name**			**Phone Number**
	Mailing Address			**Notify of Application Status?**
	City	**State**	**Zip Code**	**Email Address**

Contractor	**Contractor's Name**	**Nevada License #/Limit Amt**	**Phone Number**
	Mailing Address		**Fax Number**
	City	**State**	**Zip Code**

Contact *	**Contact Name**		**Title/Company**	**Email Address**
	Mailing Address		**Phone Number**	
	City	**State** / **Zip Code**	**Fax Number**	

Project Information	**City Water** □ or **Well** □	**City Sewer** □ or **Septic System** □	**Fire Sprinklers** Yes □ or No □	**Wildland Urban Interface** Yes □ or No □
		Septic Size	**Zoning District**	**Flood Zone**

I will save, indemnify, and keep harmless CARSON CITY, its officers, employees, and agents against all liabilities, judgments, costs, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the owner that application complies with all covenants, conditions, and restrictions.

Applicant's Signature _____ Date: _____

Property Owner's Signature _____ Date: _____

OFFICE USE ONLY

BUILDING PERMIT FEES		**TRACKING**	
Receipt #:	**Plan Check Fee:**	**Building**	**Date:**
Received By:	**Permit Fee:**	**Engineering**	**Date:**
Other Fees:	**TOTAL FEES DUE:**	**Planning**	**Date:**
Comments:		**Fire**	**Date:**
		Health	**Date:**
		Environmental	**Date:**

* The contact person listed on the permit will be the person addressed on all correspondence and phone calls.