



Department of Building and Safety
 595 Silver Lace Blvd., Fernley, NV 89408 775-784-9900

COMMERCIAL BUILDING PERMIT APPLICATION

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

APPLICANT'S INFO.:	APPLICANT'S NAME:		ROLE: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DESIGN PROFESSIONAL <small>Must be one of these 2 or cannot apply per NV Blue Book</small>		
	COMPANY:				
	ADDRESS:			BUILDING OR SUITE NO.:	
	CITY:	STATE:	ZIP CODE:		
	PHONE NO.:	CELL NO.:	Email:		
PARCEL INFO.:	ASSESSOR PARCEL NO. (APN):		FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	PROJECT ADDRESS:			BUILDING OR SUITE NO.:	
	CITY: FERNLEY	STATE: NV	ZIP CODE: 89408		
	PROJECT NAME:				
	TOTAL LOT AREA:	ZONING:	SETBACKS – FRONT:	SIDES: REAR: / REAR NEXT TO ALLEY:	
PERMIT / PROJECT INFORMATION	PROJECT DESCRIPTION:				
	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> TENNANT IMPROVEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> OTHER:			BUILDING HEIGHT ABOVE GRADE (FT):	
	OCCUPANCY CLASSIFICATION:		TYPE OF CONSTRUCTION:	FIRE ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE SPRINKLER: <input type="checkbox"/> YES <input type="checkbox"/> NO
	NO. OF STORIES:	NO. OF UNITS:	TOTAL OCCUPANT LOAD:	SQUARE FOOTAGE:	
	PROJECT/UNIT TYPE: <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER:				
	<input type="checkbox"/> IF EXISTING STRUCTURE IS VACANT, LIST PREVIOUS TENNANT AND BUILDING USE:				
	MIXED-USE OCCUPANCY INFORMATION:	OCCUPANCY:	TYPE:	SQUARE FOOTAGE:	
	TOTAL STRUCTURE AREA:	OCCUPANCY:	TYPE:	SQUARE FOOTAGE:	
		OCCUPANCY:	TYPE:	SQUARE FOOTAGE:	
	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"/> 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"/> GREASE OR SAND/OIL SEPARATOR (<input type="checkbox"/> NEW <input type="checkbox"/> EXISTING). SIZE: – GALLONS		<input type="checkbox"/> HAZMAT (INCLUDE MSDS)		
<input type="checkbox"/> NEW PLANS ATTACHED	<input type="checkbox"/> NO PLANS	<input type="checkbox"/> PLANS ON FILE – PLAN NO.:			
FOR BUILDING DIVISION USE ONLY					
FILING DATE: BY:	ISSUED BY:	DATE:	ROAD TAX:	\$	
BUILDING PERMIT NO.: BP-	5-YEAR CAPTURE ZONE: <input type="checkbox"/> Y <input type="checkbox"/> N		PERMIT FEE (ICC 1-B):	\$	
NLCFPD APP'L: <input type="checkbox"/> Y <input type="checkbox"/> N	RECEIVED WATER – SEWER RECEIPT: <input type="checkbox"/> Y <input type="checkbox"/> N		PLAN REVIEW FEE:	\$	
NV BOILER INSPECTOR APPROVAL: <input type="checkbox"/> Y <input type="checkbox"/> N	DATE:	PERMIT NO.:	OTHER FEE:	\$	
NV DEPT. ENVIRONMENTAL PROTECTION: <input type="checkbox"/> Y <input type="checkbox"/> N	AIR QUALITY/SWPP/ DUST CONTROL PERMIT NO.:		TOTAL BALANCE DUE:	\$	
NV HEALTH DEPT. <input type="checkbox"/> Y <input type="checkbox"/> N PERMIT NO.:			TOTAL PAID:		
PLANS REVIEWED BY:	STARTED:	COMPLETED:			

OWNER'S INFO.:	OWNER'S NAME:			
	COMPANY:			
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:
DESIGN PROFESSIONAL'S INFO.:	ARCHITECT:			
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:
	ENGINEER OF RECORD:			
ADDRESS:			BUILDING OR SUITE NO.:	
CITY:		STATE:	ZIP CODE:	
PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:	
CONTRACTOR'S INFORMATION:	BUILDING/GENERAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	
	ADDRESS:			CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:
	ELECTRICAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	
	ADDRESS:			CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:
	MECHANICAL CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	
	ADDRESS:			CLASS:
	ADDRESS:			BUILDING OR SUITE NO.:
	CITY:		STATE:	ZIP CODE:
	PHONE NO.:	CELL NO.:	FAX NO.:	EMAIL:
	PLUMBING CONTRACTOR:		CONTACT'S NAME:	
	CITY OF FERNLEY BUSINESS LIC. NO.:		NV CONTRACTOR LIC. NO.:	
ADDRESS:			CLASS:	
ADDRESS:			BUILDING OR SUITE NO.:	
CITY:		STATE:	ZIP CODE:	
PHONE NO.:	CELL NO.:	FAX NO.:	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 NO.:	CELL NO.:		FAX NO.:		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 NO.:	CELL NO.:		FAX NO.:		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 NO.:	CELL NO.:		FAX NO.:		EMAIL:
	SIGHTWORK 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 NO.:	CELL NO.:		FAX NO.:		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 NO.:	CELL NO.:		FAX NO.:		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 NO.:	CELL NO.:		FAX NO.:		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 prevent building operations to 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 reinspection 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. 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, specifications 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 applicable code(s).

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 ordinances 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 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 a licensed Design Professional pursuant to NRS 623
(Initial) or NRS 625.

Signature **Date**

Print Name **Title (architect, contractor, etc.)**