



City of Fernley
 Building Division
 595 Silver Lace Blvd.
 Fernley NV. 89408
WWW.CITYOFFERNLEY.ORG
 Shawn Keating CBO
 Building Official

Building Permits
 Building Inspection
 Building Plan Review
 Disaster Assessment
 Code Enforcement

 Tel 775-784-9900

Building Department Handout

INSTRUCTIONS: Fill out this application in full. Do not leave blank spaces or your application may be refused. **Two** (2) site/plot plans along with 2 percolation tests and a soil profile are required for each individual system. The permit cannot be issued without good sound percolation data. Fees are due when the application is submitted. The building permit fee for each individual system will be based off the valuation amount listed on the application.

APPLICANT'S INFO:	APPLICANT'S NAME:		ROLE: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER:		
	CONTRACTORS CITY OF FERNLEY BUSINESS LIC. NO:				
	NV CONTRACTORS LIC. NO. AND CLASS:				
	COMPANY:				
	ADDRESS:			BUILDING OR SUITE NO.:	
	CITY:		STATE:	ZIP CODE:	
	PHONE:	CELL:	FAX:	EMAIL:	
PARCEL INFO:	ASSESSOR PARCEL NO. (APN):			FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PARCEL OWNER:				
	PROJECT ADDRESS:			BUILDING OR SUITE NO.:	
	CITY:		STATE:	ZIP CODE:	
	SUBDIVISION:		BLOCK:	LOT NO.:	
	TOTAL LOT AREA:	ZONING:	SETBACKS - FRONT:	SIDES:	REAR:
PERMIT / PROJECT INFORMATION:	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
	VALUATION AMOUNT: \$		- OR -	CONTRACT AMOUNT (PROVIDE COPY): \$	
	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		
FOR BUILDING DIVISION USE ONLY					
FILING DATE:	BY:	ISSUED BY:	DATE:	PERMIT FEE	\$
BUILDING PERMIT NO.: BP				TOTAL BALANCE DUE:	\$
<input type="checkbox"/> OWNER-BUILDER PERMIT PURSUANT TO NRS 278.573 ACKNOWLEDGEMENT FORM				TOTAL AMOUNT PAID:	\$

WATER SOURCE:

(Circle One)

- 1. Private Well
- 2. Public Water System

Name of Public Water System: _____

SEPTIC TANK:

(See Page 7 for Size Required)

Size: _____ Manufacturer: _____ Distance from Well: _____

Distance from Nearest Neighboring Well(s): _____

Distance from Foundation of Dwelling: _____

LEACH FIELD:

(See Page 7 to Determine Length)

Distance from Well: _____ Distance from Nearest Neighbor(s) Well: _____

Number of Lines: _____ Length of Each Line: _____ Trench Width: _____

Distance between Lines: _____ Depth of Trench before Rock is Placed: _____

Amount of Rock you are Installing under Each Pipe: _____ Over Each Pipe: _____

CHAMBER SYSTEM:

(See Page 8 for Sizing)

Distance from Well: _____ Distance from Nearest Neighbor(s) Well: _____

Number of Lines: _____ Total Developed Length of Chambers: _____

Depth of Trench (Bottom of Chamber): _____

COVER MATERIAL:

(Circle One)

- 1. Untreated Building Paper
- 2. Filter Fabric
- 3. Straw
- 4. Uncovered
- 5.

WELL INFORMATION:

NOTE: The Well must be drilled prior to Final Septic Inspection.

Well Construction: Diameter: _____ Depth: _____ Casing Depth: _____

Well Contractor: _____ Address: _____ City: _____ State: _____

Email Address: _____

Soil Test Pit #1 _____

Date of Test _____

<u>Depth in Feet</u>	<u>Soil Texture</u>

Depth to Groundwater _____

Soil Test Pit #2 _____

Date of Test _____

<u>Depth in Feet</u>	<u>Soil Texture</u>

Depth to Groundwater _____

Pit #1

Performed By _____

Time	Time Interval in Minutes	Measurements in inches	Drop in water level in inches	Percolation rate in minutes per inch

Percolation rate = minutes per inch
(Divided time interval in minutes by drop in inches)

Pit #2

Performed By _____

Time	Time Interval in Minutes	Measurements in inches	Drop in water level in inches	Percolation rate in minutes per inch

Percolation rate = minutes per inch
(Divided time interval in minutes by drop in inches)

PLOT PLAN

