

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



COMMERCIAL

BUILDING PERMIT APPLICATION

Parcel Number: _____ Address: _____

Suite: _____

Business/Tenant Information:

Property Owners Name: _____ Phone No.: _____

Mailing Address: _____

Tenant Name: _____ Phone No.: _____

Description of Business _____ Fax No.: _____

Address: _____ Email: _____

Contractor Information:

Contractor: _____ Contact Name: _____

Address: _____

Phone No.: _____ Fax No.: _____

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

License Classification: _____ Dollar Limit: _____

Design Professional Information:

Architect's Name: _____ Phone No.: _____

E-Mail Address _____ Fax No.: _____

Engineer's Name: _____ Phone No.: _____

E-Mail Address _____ Fax No.: _____

COMPLETE BOTH SIDES
Revised 01/29/2010

PERSON TO CONTACT REGARDING THIS PROJECT

Name and Company _____ Phone No.: _____

E-Mail Address _____ Fax No.: _____

Project Information:

Contract Price \$ _____

Use and Occupancy Classification: _____ Type of Construction: _____ Sq ft _____

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Fire Sprinkler System Yes No

Fire Alarm Yes No

Septic System Yes No

Grease or Sand/Oil Interceptor Existing New Not Applicable

Description of Work:

Building Code Information:

Building Height: _____ No. of Stories: _____ No. of Units: _____

Edition of Code: _____ Building Code Used: _____

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

Signature _____

COMPLETE BOTH SIDES

Revised 01/29/2010