

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 REROOF

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 : _____
Person to contact regarding the permit:	
Name: _____	Phone No.: _____
Email: _____	Fax No.: _____
Type of roofing material: Composition shingle <input type="checkbox"/> Metal <input type="checkbox"/> Light weight tile <input type="checkbox"/> Clay tile <input type="checkbox"/> Other _____	
Number of roofing layers: _____	Weight of roofing material per sq ft: _____
Contract Price \$ _____	
Notes:	
<ul style="list-style-type: none"> • Ice dam required above 5300. • Engineering may be required when the roofing material weight is more than 8 lbs. • If the project is located within an active Home Owners Association, then written approval from the Home Owners Association is required at submittal. 	

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

Signature _____

Permits may be submitted by sending this completed form to Workflow@washoecounty.us or faxed to (775) 328-6132 or (775) 325-8016. Please indicate below whether you would like to pick up your permit at the Building and Safety Department front counter, complete the process electronically or by fax.

- I will pick up my permit at counter
- I would like to obtain my permit electronically
- I would like to obtain my permit by fax

If you are not picking your permit up at our front counter, a permit technician will contact you for payment information.

Please be sure to read and initial both locations below. There is important information at the end of this page regarding inspections and office hours. Inaccurate or incomplete description of work may result in additional fees and/or additional permits.

IMPORTANT TIME DEADLINES: _____ (initial)

I UNDERSTAND THAT FINAL INSPECTION OR RENEWAL OF THIS PERMIT MUST BE MADE PRIOR TO THE EXPIRATION DATE OR NEW PLANS MUST BE SUBMITTED AND PERMIT FEES PAID PRIOR TO FINAL INSPECTION. PERMITS EXPIRE 18 MONTHS FROM THE DATE OF ISSUE, WITH NO GRACE PERIOD. IF THE DATE OF EXPIRATION FALLS ON A WEEKEND OR HOLIDAY, THE PERMIT MUST BE RENEWED ON THE LAST BUSINESS DAY PRIOR TO THE EXPIRATION. I UNDERSTAND THIS IS THE ONLY NOTICE I WILL RECEIVE FOR RENEWAL OF THE PERMIT AND KEEPING THE PERMIT RENEWED AND IN A VALID STATUS IS MY RESPONSIBILITY.

DISCLAIMERS: INDEMNIFICATION: ACKNOWLEDGMENTS BY PERMITTEE: _____ (initial)

I UNDERSTAND THAT THE INSPECTIONS PROVIDED BY WASHOE COUNTY ARE VERY LIMITED AND DO NOT COVER ALL OF THE WORK PERFORMED UNDER THE AUTHORITY OF THIS PERMIT. THE INSPECTIONS ARE OCCASIONAL SPOT CHECKS, MUCH LIKE AN AUDIT; THEREFORE MANY PARTS OF THE WORK ARE NOT INSPECTED. IF MORE INSPECTION IS DESIRED, A PRIVATE INSPECTOR MUST BE HIRED BY THE PERMITTEE. NEITHER THE INSPECTIONS BY THE COUNTY NOR THE CERTIFICATE OF OCCUPANCY CONSTITUTE A REPRESENTATION BY THE COUNTY THAT THE WORK WAS INSPECTED OR THAT THE WORK COMPLIES WITH COUNTY ORDINANCES.

I HEREBY AGREE TO DEFEND AND TO SAVE, INDEMNIFY AND KEEP HARMLESS THE COUNTY OF WASHOE AND ITS OFFICERS, EMPLOYEES AND AGENTS AGAINST ALL LIABILITIES, JUDGMENTS, COSTS AND EXPENSES WHICH MAY ACCRUE AGAINST THE COUNTY IN CONSEQUENCE OF GRANTING OF THIS PERMIT OR CERTIFICATE OF OCCUPANCY, IN CONSEQUENCE OF THE COUNTY'S OWN NEGLIGENCE OR ITS OTHERS ACTS OR OMISSIONS WITH RESPECT TO THIS PERMIT OR A CERTIFICATE OF OCCUPANCY, OR IN CONSEQUENCE OF THE USE OR OCCUPANCY OF ANY WORK, SIDEWALK, SUB-SIDEWALK OR STREET, OR OTHERWISE BY VIRTUE THEREOF, AND WILL IN ALL THINGS STRICTLY COMPLY WITH THE CONDITIONS OF THIS PERMIT AND PROVISIONS OF THE RULES, REGULATIONS AND ORDINANCE OF THE COUNTY OF WASHOE.

Inspections and hours:

Office hours are 7:30am to 4:30pm Monday through Friday. We are closed for lunch 12:00 to 1:00.

BUILDING DEPARTMENT INSPECTIONS MUST BE REQUESTED AT LEAST ONE DAY IN ADVANCE (5 DAYS MAXIMUM) THROUGH OUR AUTOMATED VOICE RESPONSE (AVR) SYSTEM AT (775) 325-8000. FOR ANY INSPECTION REQUIRING ACCESS, A SECOND CALL TO (775) 328-2020 IS REQUIRED ON THE DAY OF THE INSPECTION BETWEEN 8:00 AND 8:30 A.M.

NOTICE: Inspection Times are available in the office between the hours of 8:00 A.M. to 8:30 A.M. M-F.