

SCBD Control #:	<b>Storey County Building Dept.</b> P O Box 526 Virginia City NV 89440	Received Date / Time
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<input type="checkbox"/> <b>Residential</b>	<b>PERMIT APPLICATION</b>	<input type="checkbox"/> <b>Comm/Indr</b>
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WORK DESCRIPTION:
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WORK LOCATION ADDRESS:			AREA:
LOT(S):	APN(S):	ZONING:	SETBACKS:
OCCUPANCY:	CONSTRUCTION TYPE:	FLOOD ZONE:	SQ FT:

<b>RECEIVED by</b> <b>BUILDING DEPT:</b>	Grading Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Topographic Underlay: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire & Life Safety APP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner/Builder Signature Forms <input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer/Water Will Serve: <input type="checkbox"/> Yes <input type="checkbox"/> No		Architectural Approval Letter: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**A Nevada Licensed CONTRACTOR and SWPP Report is Required for ALL Commercial and/or Industrial Projects**

<b>CONTRACTOR:</b>	PHONE:
ADDRESS:	NV LIC #:
City ST Zip:	SC LIC #:
24-hr JOB Contact:	Cell:
<b>CONTRACTOR:</b>	PHONE:
ADDRESS:	NV LIC #:
City ST Zip:	SC LIC #:
24-hr JOB Contact:	Cell:
<b>CONTRACTOR:</b>	PHONE:
ADDRESS:	NV LIC #:
City ST Zip:	SC LIC #:
24-hr JOB Contact:	Cell:

**If applying as Owner/Builder – MUST Complete “Owner Builder Affidavit of Exemption” per NRS 624.031(4)**

<b>OWNER / Permittee (Print):</b>	PHONE:
ADDRESS (Mailing):	CELL:
OWNER Signature:	Authorized Signature BUILDER / AGENT:

Comments:
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<b>TOTAL VALUATION: \$</b>			<input type="checkbox"/> Est. Cost	<input checked="" type="checkbox"/> Actual Contract
PLAN REVIEW: \$	CHECK #:	RECEIPT #:		

Note: **PLAN CHECK FEE:** (Based on initial valuation) SHALL BE PAID AT TIME OF PLAN SUBMITTAL. Adjustment, if any, will be made during the 'Permit' Valuation.  
**PERMIT FEE(s):** PAID PRIOR TO 'PERMIT' ISSUANCE.

**Application Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_