

**Storey County**

**COMMERCIAL / INDUSTRIAL**

**Construction Packet**

**BUILDING DEPARTMENT**



Storey County Community Development Dept. ~ PO Box 526 ~ Virginia City, NV 89440

Phone: 775-847-0966 Fax: 775-847-0935

Stacey Bucchianeri ~ [sbucchianeri@storeycounty.org](mailto:sbucchianeri@storeycounty.org) ~ [www.storeycounty.org](http://www.storeycounty.org)

## Storey County Contacts

### **Pat Whitten**

Storey County Manager

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Fax: (775) 847-0949

[pwhitten@storeycounty.org](mailto:pwhitten@storeycounty.org)

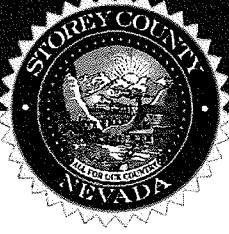
### **Gary Hames**

Storey County Fire Chief

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**Dean Haymore**  
Director

Community Development Department  
P.O. Box 526  
110 Toll Road  
Virginia City, NV 89440

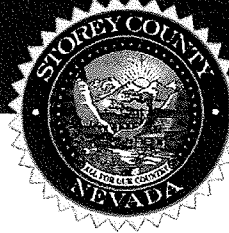
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Planner

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**Shannon Gardner**  
Building Inspector • Plan Review  
Code Enforcement

Community Development Department  
P.O. Box 526  
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## Storey County Building INDUSTRIAL Requirements

<u>CODE</u>	<u>EDITION</u>
International <b>B</b> uilding Code - IBC	<b>2003</b>
National <b>E</b> lectrical Code - NEC	<b>2002</b>
International <b>E</b> nergy Conservation Code - IECC	<b>2003</b>
International <b>F</b> ire Code - IFC	<b>2003</b>
International <b>F</b> uel Gas Code - IFGC	<b>2003</b>
International <b>M</b> echanical Code - IMC	<b>2003</b>
Uniform <b>M</b> echanical Code – UMC	<b>2003</b>
International <b>P</b> lumbing Code - IPC	<b>2003</b>
Uniform <b>P</b> lumbing Code – UPC	<b>2003</b>
International <b>R</b> esidential Code – IRC	<b>2003</b>
International <b>E</b> xisting Building Code - IEBC	<b>2003</b>
International <b>C</b> ode Council Performance Code – ICCPC	<b>2003</b>
Uniform Code for the <b>A</b> batement of Dangerous Buildings – UCADB	<b>1997</b>
International <b>P</b> roperty Maintenance Code – IPMC	<b>2003</b>

<i>Storey County</i> <b>BUILDING</b>		SET-BACK REQUIREMENTS			ROOF LOAD	ZONING	ADDRESSING	FLOOD
		Front	Back	Sides	CAPACITY lbs. per sq. ft.	Codes	Permanent #s	Zone
TRIC McCarran NV	I-1 & I-2	20 50	20 50	20 50	Live + Dead = psf 20 + Per specific equipment Support & Needs =	A, F, I-1, and I-2	12"	C

### INTERNATIONAL BUILDING CODE

Effective January 1, 2005

GROUND SNOW LOAD	WIND SPEED (mph) (e.)	SEISMIC DESIGN CATEGORY (g.)	SUBJECT TO DAMAGE FROM				WINTER DESIGN TEMP (f.)	ICE SHIELD UNDER- LAYMENT REQUIRED (i.)	FLOOD HAZARDS (h.)	AIR FREEZING INDEX (j.)	MEAN ANNUAL TEMP (k.)
			Weathering (a.)	Frost Line Depth (b.)	Termite (c.)	Decay (d.)					
4,000 ft - 5# 5,000 ft – 10#	*90 3 Sec Gust Exp 'C'	Ind – D	Severe	24"	Moderate to Heavy	None to Slight	10	YES	(a) 6/03 (b) 2/19/81 & 7/19/93	49.4	59.4

\*Refer to Table International Building Code IBC 1609.3.1 for Wind Speed

#### Development Requirements:

- **TRI Water & Sewer** – Obtain a ‘Will Serve’ letter from Reno Engineering (775) 852-5700. Submit copy with building permit application.
- **TRI Architectural Approval** – Obtain and submit copy with building permit application.
- **Onsite Storm Water Retention Basin** (per 100 yr event / 24-hr storm). Include on initial grading/plot plan.
- **Provide Storm Water Pollution Plan (SWPP)** with initial grading/plot plan.

(Rev 1/1/07)

**ARTICLE VI**  
**SITE DESIGN GUIDELINES**

**Section 1. Site Design Standards.**

Subsection 1.1 Minimum Site Size. The minimum site size established by the Code for industrial sites at TRI Center is one acre for heavy industrial uses and 15,000 square feet for light industrial uses, but smaller sites can be approved by the county (see, Attachment A, Subsection 5.6). There is no minimum on commercial sites.

Subsection 1.2 Building Site Coverage. Site coverage (defined as the building-ground contact area divided by the total gross lot area) shall not exceed the following in each of the zones:

Heavy Industrial Zone	55%
Light Industrial Zone	50%
Commercial Zone	35%

Subsection 1.3 Building Height. Maximum building height is set by the Code, as summarized below:

Heavy Industrial Zone	6 stories or 75 feet
Light Industrial Zone	4 stories or 50 feet
Commercial Zone	3 stories or 45 feet

Proposed height of structures associated with industrial uses (which does not include silos, stacks and equipment) exceeding the above-referenced height limitations shall be subject to the issuance of a variance from the ARC and special use permit by the county.

Subsection 1.4 Building Setbacks And Landscape Buffer. Setbacks (distance from building structure to property line) required by the Code and landscape buffer areas required by these Design Guidelines, are outlined below:

	<u>SIDE</u>	<u>REAR</u>	<u>FRONT</u>
Heavy Industrial Zone	50/10*	50/10	50/10
Light Industrial Zone	20/10	20/10	20/10
Commercial Zone	20/10	20/10	20/20

\*50/10 = 50' building setback with 10' minimum landscape buffer adjacent to parcel boundary line

Narrower setbacks can be approved (see, Attachment A, Subsection 5.6)



SCBD Control #:	<b>Storey County Building Dept.</b> P O Box 526 Virginia City NV 89440	Received <small>Date / Time</small>
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<input type="checkbox"/> <b>Residential</b>	<b>PERMIT APPLICATION</b>	<input type="checkbox"/> <b>Comml/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:

<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: \_\_\_\_\_

Table 1-A – Building Permit Fees

Total Valuation	Fee
\$1.00 to \$500.00	\$23.50
\$501.00 to \$2,000.00	\$23.50 for the first \$500.00 plus \$3.05 for each additional \$100.00, or fraction thereof, to and including \$2,000.00
\$2,001.00 to \$25,000.00	\$69.25 for the first \$2,000.00 plus \$14.00 for each additional \$1,000.00, or fraction thereof, to and including \$25,000.00.
\$25,001.00 to \$50,000.00	\$391.75 for the first \$25,000.00 plus \$10.10 for each additional \$1,000.00, or fraction thereof, to and including \$50,000.00.
\$50,001.00 to \$100,000.00	\$643.75 for the first \$50,000.00 plus \$7.00 for each additional \$1,000.00, or fraction thereof, to and including \$100,000.00.
\$100,001.00 to \$500,000.00	\$993.75 for the first \$100,000.00 plus \$5.60 for each additional \$1,000.00, or fraction thereof, to and including \$500,000.00.
\$500,001.00 to \$1,000,000.00	\$3,233.75 for the first \$500,000.00 plus \$4.75 for each additional \$1,000.00, or fraction thereof, to and including \$1,000,000.00.
\$1,000,001.00 and up	\$5,608.75 for the first \$1,000,000.00 plus \$3.65 for each additional \$1,000.00, or fraction thereof.
<b>Other Inspections and Fees:</b>	
1. Inspections outside of normal business hours (minimum charge – two hours)	\$47.00 per hour <sup>1</sup>
2. Reinspection fees assessed under provisions of Section 305.8	\$47.00 per hour <sup>1</sup>
3. Inspections for which no fee is specifically indicated (minimum charge – one-half hour)	\$47.00 per hour <sup>1</sup>
4. Additional plan review required by changes, additions or revisions to plans (minimum charge – one-half hour)	\$47.00 per hour <sup>1</sup>
5. For use of outside consultants for plan checking and inspections, or both	Actual Costs <sup>2</sup>

<sup>1</sup>Or the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

<sup>2</sup>Actual costs include administrative and overhead costs.

**107.3 Plan Review Fees.** When submittal documents are required by Section 106.3.2, a plan review fee shall be paid at the time of submitting the submittal documents for plan review. Said plan review fee shall be 65 percent of the building permit fee as shown in Table 1-A.

The plan review fees specified in this section are separate fees from the permit fees specified in Section 107.2 and are in addition to the permit fees.

When submittal documents are incomplete or changed so as to require additional plan review or when the project involves deferred submittal items as defined in Section 106.3.4.2, an additional plan review fee shall be charged at the rate shown in Table 1-A.

ELECTRICAL FEE SCHEDULE		Rate	per	Extension
	NEW SINGLE & 2-FAMILY RES. BLDGS (not incl. Garages, Carports, Patios)	\$0.050	Sq. Ft.	
	NEW MULTI-FAMILY RES. 3 OR MORE UNITS (not incl. Garages, Carports, Patios)	\$0.045	Sq. Ft.	
	PRIVATE SWIMMING POOLS	\$44.25	Each	
T	POWER: TEMPORARY- \$22.00			
A	PERMANENT - \$27.25		Each	
<b>UNIT FEE SCHEDULE</b>				
B	RECP., SWITCHES, LT FIXTURES or OTHER OUTLETS - First 20 @	\$1.00		
L	ADDITIONAL OUTLETS	\$0.65	Each	
E	RES. APPLIANCES for FIXED RES. APPL. (Ovens, Ranges, A/C, Dryer, etc.)	\$4.25	Each	
	MOTORS up to 10HP	\$4.25	Each	
	MOTORS 10 HP and not over 50 HP	\$22.00	Each	
	MOTORS 50 HP and not over 100 HP	\$44.25	Each	
3-A	SIGNS or OUTLINE LIGHTING SYSTEMS	\$22.00	Each	
	REPLACE EXISTING SERVICE not over 200 AMPS	\$27.25	Each	
	over 200 AMPS	\$55.50	Each	
<i>For ANYTHING NOT COVERED on this chart - See APPENDIX on ELECTRICAL PERMIT FEES</i>				
	PERMIT FEE	\$22.00		
<b>Total ELECTRICAL Fees</b>				<b>\$</b>
MECHANICAL FEE SCHEDULE		Rate	per	Extension
	INSTALL or RELOCATE FORCED AIR or GRAVITY FURN or A/C (incl. Suspend, Wall or Floor mtd. Unit Heater & incl. Ducts/Vents attached to and inc. 100,000BTU)	\$13.25	Each	
	Over 100,000 BTU	\$16.25	Each	
T	EVAP COOLER (Non-Port)	\$9.50	Each	
A	VENT FAN CONNECTED / SINGLE DUCT	\$6.50	Each	
B	VENT SYS NOT PART of HEAT/AC SYSTEM with PERMIT	\$9.50	Each	
L	HOOD SERVED by MECH EXHAUST (incl. Hood Duct)	\$9.50	Each	
E	REPAIR, ALTER or ADD to HEAT APPL, REFRIG UNIT, COMFORT COOL UNIT, ABSORP UNIT, or COMFORT HTG, COOL ABSORP or EVAP COOL SYSTEM (incl. Installation of Controls)	\$12.25	Each	
	INSTALL, RELOCATE or REPLACE APPL VENT (not incl. In Appl Permit)	\$7.00	Each	
1-1	FOR BOILER, SEE CODE BOOK (Up to 100,000 BTU)	\$13.15	Each	
	APPL. Or EQUIP. REQUIRED by this CODE, NO CATEGORY LISTING	\$9.50	Each	
	PERMIT FEE	\$20.00	Each	
<b>Total MECHANICAL Fees</b>				<b>\$</b>
PLUMBING FEE SCHEDULE		Rate	per	Extension
	BATHTUB	\$7.00	Each	
	LAVATORIES	\$7.00	Each	
	WATER CLOSETS	\$7.00	Each	
	URINALS	\$7.00	Each	
	LAUNDRY TRAYS	\$7.00	Each	
T	SHOWERS	\$7.00	Each	
A	SINKS	\$7.00	Each	
B	GARBAGE DISPOSALS	\$7.00	Each	
L	DISHWASHER	\$7.00	Each	
E	AUTO WASHER	\$7.00	Each	
	DRINK FOUNTAIN	\$7.00	Each	
	WATER PIPING	\$7.00	Each	
1-1	WATER HEATER	\$7.00	Each	
	OTHER DRAIN TRAP UNIT	\$7.00	Each	
	GAS PIPING 1 to 5	\$5.00	Each	
	GAS PIPING 5 or More	\$1.00	Each	
	CESSPOOLS	\$25.00	Each	
	TRAILER PARK DISPOSAL SYSTEM	\$15.00	Each	
	PRIVATE SEWER DISPOSAL SYSTEM	\$40.00	Each	
	SPRINKLER IRRIGATION SYSTEMS (including PIPING)	\$7.00	Each	
	REPAIR or ALTERATIONS or DRAINAGE or VENT PIPE	\$7.00	Each	
	PERMIT FEE	\$20.00	Each	
<b>Total PLUMBING Fees</b>				<b>\$</b>

YES	NO		<b>Storey County - CHECKLIST - Industrial</b>	INSPECTOR
		1	Storey County Business License	
		2	Nevada State Contractors License	
		3	Take ONE set of Stamped, Engineered Plans to Nevada Blue for uploading (775-827-4441)	
		4	Soils Report	
		5	Dust/silt control and safety programs with required state and federal permit(s)	
		6	Approved Site Plan and Grading Permits on Site	
		7	Special Inspection / Compaction (3-party Inspection)	Special
		8	Approved Building and Fire & Life Safety <b>PLANS</b> and Building <b>PERMIT</b> must be <b>on site</b>	
		9	Encroachment Permit - Storey County Public Works 847-0958	
		10	Sales Tax Credit form to Storey County Pat Whitten 847-0968	
		11	Concrete Mix Design - Approved & Stamped by Project Engineer	
		12	Water & Sewer - Will Serve Letter / T.R.I. G.I.D.	
		13	Electrical Application (All info must match Building & SPPCo)	SC & SPP
		14	Gas Application (All info must match Building & SPPCo)	SC & SPP
		15	Telephone Application	
		16	Inspection - Underground Plumbing, Gas and Tests	County
		17	Inspection - Storm sewer, drains, oil, sand catch basins and retention ponds	
		18	Inspection - Thrust blocks	County
		19	Inspection - Under ground electrical and grounding	County
		20	Inspection - Flush and test fire loop and hydrants	County
		21	Inspection - Footing, Rebar	Special
		22	Inspection - Footing, Rebar, Forms	County
		23	Concrete - Pour footing	Special
		24	Concrete - Pour footing slump, air, temp, placement	Special
		25	Inspection - Anchor bolts, hold downs	Special
		26	Inspection - Anchor bolts, hold downs	County
		27	Inspection - Slab, Rebar, dowels	Special
		28	Inspection - Slab, Rebar, dowels	County
		29	Inspection - Pouring concrete slab	Special
		30	Inspection - Pouring concrete slab	County
		31	Inspection - ALL Special Inspection reports to County	
		32	ANY change in plans shall be submitted to SC Building for approval before ANY work	
		33	Copies of ALL change orders	
		34	Inspection - Tilt Up panels, rebar, embeds	Special
		35	Inspection - Tilt Up panel, rebar, embeds	County
		36	Inspection - Panel Pour	Special
		37	Inspection - Panel Pour	County
		38	Inspection - Columns and Beams	Special
		39	Inspection - Columns and Beams	County
		40	Inspection - Roof	Special
		41	Inspection - Roof Sheeting / Nail	County
		42	Inspection - Siding Panels	Special
		43	Inspection - Siding Panels	County
		44	Inspection - Frame Rough Electrical, Mechanical, Plumbing, metal bolts	County
		45	Inspection - Electrical Service	County
		46	Inspection - Gas Service	County
		47	Inspection - Sheet Rock	County
		48	Inspection - Fire Taping Sheet Rock	County
		49	T-Bar Ceiling	County
		50	Fire Sprinkler System Hydro and Test Certification or	County
		51	Alarm System and Fire System Inspection	Fire
		52	Certificate Of Occupancy	County

**Call Inspector for ALL Inspections**



**Online Planroom**  
*Please select the Portal you wish to enter from the list below:*

Please Select A Portal

**It's our job to make you look good!**

**Reno** 775.827.4441    **Carson** 775.883.6011    **Fernley** 775.835.0809

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## Welcome

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Nevada Blue Ltd is a full service reprographics firm, in business since 1992. Since that time, we at Nevada Blue have strived to produce top quality products using the latest technology and the finest materials available. We use the power of the ReproMax International Network to stay on top of technology's latest developments.

Nevada Blue Ltd has two locations in the Northern Nevada area. Our main store is in Reno at South Meadows and our Carson store is at North Carson and Winnie Lane. The Reno store offers extended hours of business for your convenience. Remember it's our job to make you look good...

## ENCROACHMENT PERMIT APPLICATION

### *Storey County Public Works*

110 Toll Road - P.O. Box 526

Virginia City, Nevada 89440

Phone: (775) 847-0958 Fax: (775) 847-0947

To All Applicants:

Storey County Public Works Department requires any person performing work within a county right of way to first obtain encroachment and excavation permits. The permits have now been combined into one application form and will be issued simultaneously. Timely processing of any permit is predicated upon the completeness of the information required on the application as well as receipt and acceptance of the proper insurance.

Date of Application:		Time:	Work Start Date:
Contractor:		Contractor's Rep:	
Phone:	Fax:	Contractor's License #:	
Address:			
Doing Work For:		Phone:	
Address:			
Work LOCATION:			
<i>Exact address and/or Street being worked on and distance from nearest cross street or landmark.</i>			
DESCRIPTION of Work (include whether work involves excavation or simply occupying the right-of-way):			
Lineal feet of curb and gutter?		Lineal feet of sidewalk being removed?	
Dimensions of asphalt being removed?		Asphalt depth, if known?	
Longitudinal Cut?		Transverse Cut?	
Arterial/Collector?		Is work totally within a parking lane?	
Is work within 400' of signalized intersection?		Traffic Loops affected?	
Are there any manholes, valves or survey monuments that will have to be raised to grade when patched?			
Are there any manholes, valves or survey monuments that will have to be raised to grade when patched? If yes, how many of each?			
Does the work involve installing, removing or repairing a sanitary sewer lateral?			
Will work be completed in fourteen (14) calendar days?		If no, how many?	
Are there current building permits for this location?		If yes, permit #:	
Is this part of a larger project or contract, such as a new building, etc.? If so, Name of Project and Owner:			
Engineer of Record (EOR):			

Contractor: _____	Work Location: _____
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**TRAFFIC CONTROL**

Are any traffic lanes being closed? \_\_\_\_\_ If so, how many? \_\_\_\_\_ How long? \_\_\_\_\_

Encroachment permit applications for full lane closures on arterial or collector streets shall be submitted a minimum of 48 hours prior to said lanes being closed.

Provide a detailed sketch of the work area and proposed traffic control plan to be utilized. Traffic control shall conform to the NDOT Work Zone Traffic Control Handbook (latest edition) and the M.U.T.C.D. (latest edition). Please attach any additional sheets necessary to show the proposed traffic control plan.

DOLLAR VALUE OF WORK BEING PERFORMED IN R/W: \$ \_\_\_\_\_

APPLICANT's AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

AN ENCROACHMENT PERMIT WILL NOT BE VALID UNTIL THE ORIGINAL PERMIT FORM IS SIGNED BY THE APPROPRIATE PARTY AND THE APPLICABLE FEE HAS BEEN PAID. ANY WORK (EXCEPT IN EMERGENCY SITUATIONS) COMMENCED PRIOR TO THE PERMIT BEING ISSUED WILL BE ASSESSED MONETARY PENALTIES AND/OR CITED, AND THE WORK IN QUESTION MAY BE REQUIRED TO BE REMOVED. PLEASE CALL (775) 849-0958 IF YOU NEED ASSISTANCE TO COMPLETE THIS APPLICATION.

***For Official Use ONLY***

ENCROACHMENT PERMIT #: \_\_\_\_\_

Encroachment Base Fee \$ 100.00

Encroachment Usage Fee \$ \_\_\_\_\_

Excavation Base Fee \$ 120.00

**Total Estimated Fee** \$ \_\_\_\_\_

Penalty Fees (if any) \$ \_\_\_\_\_

Calculated By: \_\_\_\_\_



APPLICATION PACKET FOR:

Water & Sewer Will Serve

**Applicant Must Receive A Water & Sewer Will Serve Letter  
And  
An Architectural Review Approval Letter From TRI Center  
Prior To Obtaining Their Building Permit From Storey County.**

Grading Only permits require no approvals from TRI Center.



Items required for water/sewer will serve letter review:

1. \_\_\_\_\_ TRI Water and Sewer Service Application and Agreement.
2. \_\_\_\_\_ 2 sets of wet stamped civil drawings.
3. \_\_\_\_\_ 2 sets of landscape plans.
4. \_\_\_\_\_ 1 set of mechanical/plumbing plans showing all plumbing fixtures.
5. \_\_\_\_\_ Plan check fees \$500 dollars. Made payable to TRI Water and Sewer Company.
6. \_\_\_\_\_ Inspection deposit \$1000 dollars. Made payable to TRI Water and Sewer Company.
7. \_\_\_\_\_ TRI Water Use Calculation Sheet completed by registered engineer.
8. \_\_\_\_\_ Sewer Pretreatment Checklist.
9. \_\_\_\_\_ Parcel Map

Items required after review & prior to release of water/sewer will serve:

10. \_\_\_\_\_ Additional water rights payment receipt (if required).
11. \_\_\_\_\_ Sewer connection fees as calculated on TRI Water Use Calculation Sheet.  
Made payable to TRI GID.
12. \_\_\_\_\_ Water connection fee as calculated on TRI Water Use Calculation Sheet.  
Made payable to TRI GID.

Submit completed applications to:

Vincent Griffith  
Tahoe-Reno Industrial Center Water & Sewer Co.  
c/o Reno Engineering Corporation  
8725 Technology Drive Suite C  
Reno Nevada 89521  
Phone: (775) 852-5700  
Fax: (775) 852-5707  
Vince@recnv.com

TRI GENERAL IMPROVEMENT DISTRICT  
8725 Technology Drive "C"  
Reno Nevada 89521

**Water And Sewer Service Application And Agreement**

TRI General Improvement District is hereby requested by the undersigned Applicant and Owner to furnish water and sewer service. In consideration for such service, Applicant and Owner represent and agree as follows; (1) All services and charges are governed by the Rules, Regulations And Rates Of The TRI General Improvement District ("Rules") and may be modified from time to time, and Applicant and Owner agree to be bound by and comply with the Rules, which are incorporated therein as though fully set forth, and any other rules or policies promulgated by the District. A copy of the Rules is available upon request for inspection at the District operating office. (2) The District is hereby granted access to the service premises for service purposes. (3) All statements of the Applicant and Owner in the application are sworn to be true, and made under penalty of perjury and are subject to appropriate civil and criminal redress, including service termination. (4) The application, when accepted by the District, constitutes a binding contract between the Applicant and Owner and the District.

Name of Applicant \_\_\_\_\_

Name of Business: \_\_\_\_\_ Assessor's Parcel No.: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Application Date: \_\_\_\_\_

\*\* Indicate who to bill above

Type of Service Requested:	Domestic Water:	<input type="checkbox"/>
	Private Fire Protection:	<input type="checkbox"/>
	Sewer:	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner

Title: \_\_\_\_\_

Title: \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

District Acceptance Date: \_\_\_\_\_ Service Area: \_\_\_\_\_

Accepted by District: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_ Cash or Check No. \_\_\_\_\_

# TAHOE RENO

## INDUSTRIAL CENTER

**TRI GENERAL IMPROVEMENT DISTRICT**  
 8725 Technology Drive "C"  
 Reno Nevada 89521  
 Office (775) 852-5700 Fax (775) 852-5707

### Sewer Pretreatment Checklist

Please review the following form. The Maximum Concentrations correspond to the highest level of constituent that may be discharged into the TRI sewer at any point of connection. Please sign at bottom of this sheet when finished.

<u>Constituent</u>	<u>Maximum Concentration</u>	<u>Concentration if Above Maximum</u>
Arsenic	0.05 mg/L	
Barium	4 mg/L	
Boron	1 mg/L	
Cadmium	0.01 mg/L	
Chromium	0.05 mg/L	
Copper	0.05 mg/L	
Cyanide	0.23 mg/L	
Iron	25.0 mg/L	
Lead	0.3 mg/L	
Manganese	0.7 mg/L	
Mercury	0.01 mg/L	
Nickel	1.80 mg/L	
Selenium	0.04 mg/L	
Silver	0.05 mg/L	
TKN	40.0 mg/L	
Sulfate	240 mg/L	
Zinc	1.0 mg/L	
Phenol	.005 mg/L	
Alkali	430 mg/L	
Chloride	110 mg/L	
Phosphorus	8.0 mg/L	
TDS	500.0 mg/L	
Fluoride	4.0 mg/L	

<u>Pesticides and Herbicides</u>	<u>Maximum Concentration</u>	<u>Concentration if Above Maximum</u>
Total chlorinated hydrocarbons	0.005 mg/L	
Chlordane	0.005 mg/L	
Lindane	0.005 mg/L	
Heptachlor	0.005 mg/L	
Methoxychlor	0.005 mg/L	
Toxaphene	0.005 mg/L	
2-4D	0.005 mg/L	
2-4-5T	0.005 mg/L	
Parathion	0.0016 mg/L	
Malathion	0.004 mg/L	
Guthion	0.004 mg/L	

<u>Other Constituents</u>	<u>Maximum Concentrations</u>	<u>Concentration if Above Maximum</u>
BOD <sub>5</sub>	240 mg/L	
TSS	240 mg/L	
PH	7 - 9	

I have reviewed the above maximum concentration levels and hereby state that the discharge for my development into the TRI sewer contains no constituents in excess of the maximum concentration levels stated above (except those noted in the far right column).

---

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Project: \_\_\_\_\_

Address or APN: \_\_\_\_\_



## Architectural Review Submittal Form

An approval letter must accompany this checklist from the master developer in order to obtain a building permit from Storey County. Approval of the master developer does not imply the project is in compliance with all applicable codes ordinances, or other regulations.

Date: \_\_\_\_\_

Project name: \_\_\_\_\_

General location of project: \_\_\_\_\_

Parcel size ac (43560 sf = 1 ac) \_\_\_\_\_

Building size SF: \_\_\_\_\_

Landscape area SF: \_\_\_\_\_

Number of trees: \_\_\_\_\_

Building Coverage -- Building size/parcel size: \_\_\_\_\_

LS Coverage -- LS area/ Parcel Size: \_\_\_\_\_

- |     |    |   |
|-----|----|---|
| Yes | No | Coverage ratio is less than minimums in the Development Handbook. |
| Yes | No | Building height meets requirements in the Development Handbook.   |
| Yes | No | Setbacks meet requirements in the Development Handbook.           |
| Yes | No | Driveways conform to requirements in the Development Handbook.    |
| Yes | No | Parking requirements conform to the Development Handbook.         |
| Yes | No | Architectural standards conform to the Development Handbook.      |
| Yes | No | Landscape standards conform to the Development Handbook.          |

**If you've answered "No" to any of these questions, please request a Variance Application.**

This is a partial list of guideline requirements and is not intended to be all-inclusive. The Owner/Architect/Engineer is responsible to review the TRI Design Guidelines / Development Handbook and state conformance to the same below.

**We hereby state that this project conforms to the TRI Design Guidelines, CC&R's, and all applicable State and County requirements.**

\_\_\_\_\_  
Developer owner – Name – Signature - Date

\_\_\_\_\_  
Architect – Name – Signature - Date

\_\_\_\_\_  
Civil Engineer – Name – Signature – Date



## Architectural Review Committee

Items required for architectural review:

1. \_\_\_\_\_ TRI Architectural Review Submittal Form signed by Owner, Architect, and Engineer.
2. \_\_\_\_\_ 24x36 Site Plan.
3. \_\_\_\_\_ 11x17 Site Plan.
4. \_\_\_\_\_ 24x36 Grading and Drainage Plan.
5. \_\_\_\_\_ 11x17 Grading and Drainage Plan.
6. \_\_\_\_\_ 24x36 Landscape Plan.
7. \_\_\_\_\_ 11x17 Landscape Plan.
8. \_\_\_\_\_ Colored Elevations of building.
9. \_\_\_\_\_ 1000 dollar review fee. Made payable to ARC-Review.

**A registered professional shall stamp all plans.  
Review Meetings Are Held Every Other Thursday**

Submit completed applications to:

Vincent Griffith  
Clerk  
Tahoe-Reno Industrial Center Architectural Review Committee  
c/o Reno Engineering Corporation  
8725 Technology Way, Suite C1  
Reno, NV 89521  
Phone: (775) 852-5700  
Fax: (775) 852-5707  
vince@recnv.com

Business Name: \_\_\_\_\_ Acct Number: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ License Dates: \_\_\_\_\_ to \_\_\_\_\_

Annual License Type: \_\_\_\_\_ Fee \$ \_\_\_\_\_

Annual License Type: \_\_\_\_\_ Fee \$ \_\_\_\_\_

**\*\* In County ONLY:** **\*\* Employees:** \_\_\_\_\_ Fee \$ \_\_\_\_\_  
If NOT Exempt **\*\* Square Feet:** \_\_\_\_\_ Fee \$ \_\_\_\_\_  
Calculate Employees, Footage and Units **\*\* Commercial Units:** \_\_\_\_\_ Fee \$ \_\_\_\_\_

**ANNUAL / Renewable TOTAL: \$ \_\_\_\_\_**

**ANNUAL FEE**

- \$ 700.00 - Fortunetelling, Palmistry
- \$ 75.00 - **General** - (Businesses located in Storey County)  
*(Requires Building + Fire & Life Safety Inspections)*
- \$ 100.00 - **Home Business** (Exempt from Calculations)  
*(Located in Storey County / Home Occupation Sheet)*
- \$ 100.00 - **Contractors, Professionals**  
*(Copy of NV License or if NOT, Professional License)*
- \$ 135.00 - **Massage/Therapeutic Services**  
*(Need proof-schooling)*
- \$ 475.00 - **Mining**, Excavation, Earth-Moving/Processing
- \$ .00 - **Non-Profit** - Proof of 501.c(x) Status
- \$ 75.00 - **Out of County** (Except Contractor)
- \$ 250.00 - **Pawn** - (+100.00 if accept Motor Vehicle)
- \$ 475.00 - **Subdivision** - Sales (Commercial)
- \$ 100.00 - **Transportation** - Companies

**FOR: Alarms, Child Care, Escort, Gaming, Liquor, Prostitution, Solicitation (Door to Door) and Utilities**  
**MAKE APPLICATION with the SHERIFF's Business Office**  
**P O Box 498 - Virginia City NV 89440 - (775) 847-0959**

**For businesses located In-County ONLY - Include:**

- \*\* Employees** - (includes persons engaged in the business i.e., Partners or Co-Owners, etc.)
  - 1 to 5 \$ 25.00
  - 5 to 10 \$ 40.00
  - 11 to 25 \$ 75.00
  - 26 to 50 \$ 125.00
- Over 50 = \$ 125.00 + \$ 2.00 for each additional employee
- EXEMPT** - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of-County.
- \*\* Square Feet** (Building or Site)
  - 1 to 1,999 \$ 15.00
  - 2,000 to 2,999 \$ 31.00
  - 3,000 to 4,999 \$ 63.00
  - 5,000 to 7,499 \$ 94.00
  - 7,500 to 9,999 \$ 125.00
  - 10,000 to 24,999 \$ 188.00
  - 25,000 to 99,999 \$ 250.00
  - 100,000 to 499,999 \$ 500.00
  - 500,000 + \$ 1,000.00

**EXEMPT** - Brothels, Cabaret, Fortunetelling, Special Events, Independent Contractors, Home Occupation, Out-of-County.

**\*\* Units** - *Commercial ONLY*  
\$ 2.00 Per unit fee for apartments, storage units, RV & MH spaces, pay-parking lot spaces. Must also have a General License.  
**EXEMPT** - the rental of three (3) or less Residential Units

Handing out **FLYERS** on the street is **prohibited** by Storey County Code - Must go to County Commissioners.

**HANDYMAN:** Must charge hourly rate; Shall Not Bid Jobs without a Contractor's License or Charge for Materials; NO Structural Framing; NO Electrical; NO Plumbing; NO Mechanical and NO Commercial Construction. NO work can be done that is a violation of NRS Chapter 624.

Quarters to Pay : \_\_\_\_\_ \$ \_\_\_\_\_

**One-Time APPLICATION Fee: \$ **100.00****

**TOTAL payable to Storey County Business License with APPLICATION: \$ \_\_\_\_\_**

# Storey County Community Development BUSINESS LICENSE APPLICATION

**Office Use Only:**  
 DATE: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_ LICENSE DATES: \_\_\_\_\_ to \_\_\_\_\_  
 FEES SUBMITTED: \$ \_\_\_\_\_ LIC CLASS: \_\_\_\_\_ SQ. FT: \_\_\_\_\_ EMP: \_\_\_\_\_  
 HOME OCCUPATION:  YES  No NV Contr # \_\_\_\_\_ Exp \_\_\_\_\_ Limit \_\_\_\_\_  
 INSPECTION Required:  YES  No Other Requirements: \_\_\_\_\_

1.  New Business  Change in Ownership  Change in Location  Adding Name to Business  
 2. Corporation Name: \_\_\_\_\_ 3. NV Tax ID: \_\_\_\_\_  
 NV Business License: \_\_\_\_\_  
 4. Corporate Address: \_\_\_\_\_ Business Ph: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 5. **Doing Business in Nevada as:** \_\_\_\_\_ Email: \_\_\_\_\_  
 6. Mailing Address: \_\_\_\_\_  
 7. Location of Business Operations: \_\_\_\_\_  
 8. Location of Business Records: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 9. Location Business License is Displayed: \_\_\_\_\_

10. Name of Owners(s), Partners, Corporate Officers, Etc. (If individual Ownership, list only one Owner.)  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Residence Telephone #** (\_\_\_\_) \_\_\_\_\_  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Residence Telephone #** (\_\_\_\_) \_\_\_\_\_  
**Name:** (Last, First, MI) \_\_\_\_\_ **Residence:** (Address, City, State Zip) \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Residence Telephone #** (\_\_\_\_) \_\_\_\_\_  
 11. Name of Local Contact: (Last, First, MI) \_\_\_\_\_ **Residence Address:** (Street, City, State Zip) \_\_\_\_\_  
**Title:** \_\_\_\_\_ **Residence Telephone #** (\_\_\_\_) \_\_\_\_\_  
 12. Date Business Started in Nevada \_\_\_\_\_ **In-County ONLY:** Commercial Building Sq Ft \_\_\_\_\_ Number of Units \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 13. Describe the Nature Your Business: \_\_\_\_\_  
 14. If you have acquired a Nevada Business or Changed ownership, please complete this section:  
 Date Acquired: \_\_\_\_\_ Name(s) of Previous Owner(s): \_\_\_\_\_

**NOTE: You are not authorized to conduct any business in Storey County until all requirements for this Business License are fulfilled.**  
**I CERTIFY THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only:** TEMPORARY Business License Issued:  Yes  No DATE \_\_\_\_\_  
 INSPECTION Required:  Yes  No Date Inspection Turned in: \_\_\_\_\_  
**DATES:** Building Dept Approval: \_\_\_\_\_ Fire Dept Approval: \_\_\_\_\_ Health Dept. Approval: \_\_\_\_\_ Other: \_\_\_\_\_  
**Commissioner Meeting:** 1<sup>st</sup> READING Date: \_\_\_\_\_ APPROVAL Date: \_\_\_\_\_  
**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Storey County**  
**CHILD SUPPORT INFORMATION**  
For **In-County** Businesses **ONLY**

Please mark the appropriate response (*failure to mark one of the three will result in denial of the application*):

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2011 / 2012  
Storey County

DISPATCH CENTER INFORMATION

**REQUIRED**  
Business License Account #: \_\_\_\_\_  
Sq. Ft.: \_\_\_\_\_ # Employees: \_\_\_\_\_ Units: \_\_\_\_\_

Please complete ALL applicable information. Return ASAP.

We need the following information on record at the Storey County Dispatch Center for emergency response. This information will help in getting viable and accurate response to your place of business in case of an emergency. As a safeguard to your business please keep a copy of this form on file and call Storey County Dispatch Center, as information needs to be updated.

Business name: \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Corporate Name (if different than above): \_\_\_\_\_

Corporate main office phone number (if different than above): (\_\_\_\_) \_\_\_\_\_

Does this business produce hazardous materials?  YES  NO \_\_\_\_\_

If yes, what type? \_\_\_\_\_

What is the address at the rear of the building? \_\_\_\_\_  NONE

Is this a residence?  YES  NO \_\_\_\_\_

Name of ALARM Company: \_\_\_\_\_

Alarm Company phone number(s): \_\_\_\_\_

Type of ALARM:  Burglary  Fire  Medical  Panic  Silent  Audible

Is this alarm system monitored?  YES  NO Does this alarm reset itself?  YES  NO

On the premises?  DOG  GUN  NEITHER

**Emergency Contact Information:**

1. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

2. Name of **Responsible** contact: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

3. **Building Owner** name: \_\_\_\_\_

Emergency contact phone number/s: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Connection to the business: \_\_\_\_\_

Does this person have a key to the business and is willing to respond in case of an emergency?  Yes  No

Does the Sheriff's Department have a key to this building?  Yes  No

\_\_\_\_\_  
Signature Print Name Date

**STOREY COUNTY FIRE / LIFE SAFETY**  
**In-County**  
**BUSINESS LICENSE APPLICATION REQUIREMENTS**

For Information Contact:  
Storey County Building Department at (775) 847-0966 OR  
Fire Plans Examiner, Patty Blakely at (775) 315-9974

**TITLE:** Storey County Fire Department and/or Storey County Fire Protection District **POLICY** for business license application.

**PURPOSE:** All "In-County" businesses applying for license in Storey County shall have the premises reviewed and inspected to current Fire and Life Safety standards.

**SCOPE:** Current Fire and Life Safety standards shall apply to the construction, alteration, moving, demolition, repair and use of any building or structure within the jurisdiction which is required to obtain a business license.

**APPLICATION to EXISTING BUILDINGS and STRUCTURES**

**A. GENERAL:** Buildings and structures which require a license to conduct business in this jurisdiction shall provide plans for Fire and Life Safety review to the Storey County Fire Department and/or the Storey County Fire Protection District office(s), pay a fee based on the valuation of the building changes, if any, (see scope above) before use or occupancy.

**EXCEPTION:** Any new business license application which is the result of the purchase of an **existing business** where the existing business will continue **unchanged** with regard to type of products or services performed, i.e., use and occupancy is not required to provide plans for review, unless the purchase includes the **building or structure or legal property**.

**B. EXISTING OCCUPANCIES:**

**(1)** Businesses in existence at the time of adoption of this policy may have their existing use or occupancy continued, if such use or occupancy was legal at the time of adoption of this policy, provided such continued use is **not dangerous** in regards to Fire and Life Safety.

**(2)** All changes to existing businesses shall be reviewed for Fire and Life Safety standards and those changes shall include remodel, repair, improvement, alteration or different floor display arrangement.

**EXCEPTION:** If in the opinion of the Fire Chief or his duly authorized agent, the changes **do not** impose any hazard to Fire and Life Safety requirements.

**Effective date of this policy: January 30, 1985**  
**Revised: January 4, 2000**

## **In-County Businesses INSPECTIONS**

**ALL** businesses located in Storey County require inspection by Storey County Building and Fire Departments and, in the case of food-prep businesses, by Nevada State Health (see attached form **example**).

Requirements:

- 1) Submit Business License application with appropriate fee;
- 2) To schedule an inspection once your business is totally set up and you are ready to open, please contact:  
Building Dept – Shannon Gardner at 742-1960 or 847-0966;  
Fire Dept – Patty Blakely at 847-0954 or 315-9974; and, if required  
State Health – Deborah Green at 687-7573;
- 3) If you have not been given an Inspection form, please contact our office prior to scheduling your inspection at 847-0966.
- 4) Present the form to each required Inspector. When completed, you are responsible to get the original to the Business License office at 110 Toll Road on the Gold Hill Divide in Virginia City or mail to P O Box 526 ~ Virginia City NV 89440

Please feel free to call 847-0966 with any questions. *Thank you!*

# Storey County

## BUSINESS LICENSE INSPECTION SHEET

DATE APPLIED: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

RESPONSIBLE PARTY NAME: \_\_\_\_\_

BUSINESS PHYSICAL STREET ADDRESS: \_\_\_\_\_

The following departments must be contacted for an appointment for on-site inspections and, if applicable,  
plans must be submitted for review before your inspection.

**BUILDING DEPARTMENT:**

110 Toll Road, Gold Hill Divide  
 (775) 847-0966

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**FIRE & LIFE SAFETY INSPECTION:**

Completed by Fire Marshal  
 (775) 315-9974

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**NEVADA STATE HEALTH DEPT:**

4150 Technology Way, Suite 101, Carson City  
 (775) 687-7573 (Deborah Green)

**\*\* Conditional Approval:**  YES  NO

Estimated Completion Date: \_\_\_\_\_

(\*\*Inspector please ATTACH copy of your inspection sheet noting **Conditions**)

Inspector Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Inspection Required?

YES  NO

Final Approval Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

NOTES: \_\_\_\_\_

**\*\* Conditional Approval:** Copy to Building office with Conditions, for consideration of a Temporary Business License.  
 (Retain Original until ALL required inspections are final.)

**Final Approval** - Return ORIGINAL to Storey County Building office upon completion.

Received by SCBD on \_\_\_\_\_ at \_\_\_\_\_ By: \_\_\_\_\_

**Original MUST** be returned to Business License/Building Department office prior to issuance of license.

## State Business License Requirements

Effective October 1, 2009, filing and payment of the State Business License will be processed by the Secretary of State's office. Pursuant to AB 146 passed by the 2009 Nevada Legislature, the authority for the State Business License was transferred from the Department of Taxation to the Secretary of State. For entities that are required to file an initial or annual list of officers with the Secretary of State, you will be required to file for the State Business License at the time your list is due.

All other businesses such as sole proprietors or general partnerships doing business in Nevada will file a new application or renewal of their existing State Business License after October 1. The Department of Taxation will handle any new license application or renewals of the State Business License through September 30, 2009.

Nevada Business License Fee Frequently Asked Questions

### New State Business License Forms to be Used for Filings Submitted on or after October 1, 2009

**Non Title 7 entities (NT7)** – A non-Title 7 (NT7) business is a sole proprietorship or partnership doing business in Nevada that is not required to file its organizational documents with the Office of the Secretary of State. NT7 businesses doing business in the state of Nevada are required to maintain a state business license.

NT7 Business License Form  
NT7 Entities File Online

**Title 7 entities** – A Title 7 entity is an entity organized pursuant to the laws of Nevada that files its formation documents with the Office of the Secretary of State. Title 7 entities are required to file an Annual List of Officers or its equivalent, and include domestic and foreign qualified corporations, limited liability companies, limited partnerships, limited liability partnerships, limited liability limited partnerships and business trusts.

Title 7 entities click here for a list of forms applicable to your specific entity type  
Title 7 Entities File Online!

**Title 7 "Gap" entities** – These entities have a current State Business License which will expire prior to the due date of their Annual List of Officers. To maintain its State Business License, an entity should file a State Business License application before the expiration of its State Business License. Upon filing its next Annual List of Officers, the entity will be required to pay the State Business License fee that will be prorated for the unused portion of the unexpired State Business License.

Gap Entity Business License Form  
Gap Entities File Online!

