



WASHOE COUNTY

COMMUNITY SERVICES DEPARTMENT

Planning & Building Division

Permit # _____

1001 EAST 9TH STREET
 RENO, NEVADA 89512
 PHONE (775) 328.2020
 FAX (775) 328.6132

RESIDENTIAL/REMODEL

BUILDING PERMIT APPLICATION

*Email is required for Owner, Contractor, Design Professional's and Person to Contact.

Parcel Number: _____ **Address:** _____

Unit No. _____

Owner Information: Owner/Builder Permit? **Yes No

Name: _____ Phone No: _____

Address: _____

*Email: _____

****Owner/Builder permits are only applicable to primary residences per NRS 624.031 – If Owner/Builder – Please complete the [Owner/Builder Affidavit](#) and include with this application.**

Contractor Information:

Contractor of Record: _____ Contact Name: _____

Address: _____

Phone : _____ *Email : _____

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

Design Professional Information:

Architect's Name: _____ Phone No.: _____

*Email: _____

Engineer's Name: _____ Phone _____

*Email: _____

Person to contact regarding the permit:

Name: _____ Phone No.: _____

*Email: _____



INTEGRITY



EFFECTIVE COMMUNICATION



QUALITY PUBLIC SERVICE



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Project Information:

(Complete Applicable Items)

Contract Price: _____
Total Project Sq. Footage: _____
New Living Area Sq. Footage: _____
Remodel Sq. Footage: _____
Current Living Area Sq. Footage: _____
New Garage Sq. Footage: _____
Current Garage Sq. Footage: _____
New Covered Deck and Porch Sq. Footage: _____
New Deck and Porch Sq. Footage: _____
Patio Cover or Sunroom Sq. Footage: _____
Shed Sq. Footage: _____
Fence Lineal Footage: _____

Water Well: Yes No
Septic System: Yes No
Architectural Committee Yes No

Description of Work:

Applicant (print) _____ Date: _____

Signature _____



INTEGRITY



EFFECTIVE
COMMUNICATION



QUALITY
PUBLIC SERVICE