



BUILDING PERMIT APPLICATION

City of Reno-Building & Safety Division
Community Development Department
1 E. 1st Street- P.O. BOX 1900 RENO, NV 89505
(775) 334-2063

COMMERCIAL

Record No.: _____

Received By: _____

Date Received: _____

To pay online and check the status of your permit, create an ACA account through www.onenv.us.

PARCEL NUMBER: _____ ADDRESS: _____ Building/Suite: _____

New Construction Site Improvements Remodel/Addition Demolition HVAC-Rooftop Change Of Use New Tenant

Description of Work:

Business/Tenant Information:

Project/Tenant Name: _____
Business Description: _____ Hours of Operation: _____
Contact Name: _____ Contact Phone: _____ Contact Email: _____
Property Owner: _____ Property Owner Address : _____ Property Owner Phone: _____

General Contractor Information:

Company Name : _____ NV Contractor's Lic. : _____ Classification: _____ City Lic. : _____
Contact Name: _____ Contact Phone: _____ Contact Email: _____

Design Professionals:

Architect's Name: _____ Email: _____ Phone: _____
Engineer's Name: _____ Email: _____ Phone: _____

Project Information:

Building Code Year and Edition: _____ Previous Occupancy: _____ Proposed Occupancy: _____
This project's Total Square Footage (Area of Work) : _____ Total Building Square Footage: _____
Zoning: _____ Building Height: _____ No. of Stories: _____ No. of Units (Apts): _____
Existing Fire Sprinkler System: YES NO Proposed Fire Sprinkler System: YES NO *separate permit required
Existing Fire Alarm System: YES NO Proposed Fire Alarm System: YES NO *separate permit required
Existing/New Septic: YES NO Existing/New Water Well: YES NO
Grease or Sand Oil Interceptor: New _____ gallons Existing _____ gallons Not Applicable

Project Valuation:

Cost of Construction (Labor and Materials): \$ _____ Cost of Site Improvements: \$ _____

Occupancy Classification and Use:

Type of Construction: _____ Occupancy Classification: _____ Use: _____ Sq Ft: _____
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Applicant Signature: _____ Applicant Name (Printed): _____