



BUILDING PERMIT APPLICATION-*ELECTRONIC*

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

RESIDENTIAL

Record No.: _____

Received By: _____

Date Received: _____

You must have an active ACA account through www.onenv.us in order to submit plans electronically. The project APPLICANT will have rights to upload all required documents.

PARCEL NUMBER: _____

ADDRESS: _____

Single Family

Duplex

Townhouse

Mobile Home

Description of Work:

Applicant Information:

Business or Organization Name: _____

Applicant Name: _____ Applicant Phone: _____

Applicant ACA User Name: _____ Applicant Email: _____

Owner Information:

OWNER/BUILDER PERMIT YES (Owner/Builder Affidavit Required) NO

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Phone No.: _____

General Contractor Information:

Company Name : _____ Nevada License # _____ Classification _____ City License# _____

Contact Name: _____ Contact Phone: _____ Contact Email: _____

Design Professionals:

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

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

Project Information:

Project Valuation (Cost of Labor and Materials): _____

Building Code Year and Edition: _____ Type of Construction: _____ Occupancy Type: _____

Existing Living Sq. Footage (R-3): _____ Existing Garage Sq. Footage (U): _____

New Living Sq. Footage (R-3): _____ New Garage Sq. Footage (U): _____ New Covered Deck/Patio Sq Footage (U): _____

Total Living Sq. Footage (R-3): _____ Total Garage Sq. Footage (U): _____ This Project's Total Sq. Footage (R-3+U): _____

This project's Total Square Footage: _____ Affordable Housing YES NO
(Living, Garage and Covered Patio)

Zoning : _____ Building Height: _____ No. of Stories: _____

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

Applicant Signature: _____ Applicant Name (Printed): _____