



Please fill out & sign the following form digitally or print and fill out. Then, submit it with one of the following methods:

1. Scan and email to Liz Kelley: lkelley@fallonnevada.gov
2. Fax to Liz Kelley at the City of Fallon: 775-423-8874
3. Print and bring into the City of Fallon City Hall office and turn into Liz Kelley.

Permit #: _____

CITY OF FALLON BUILDING DEPARTMENT PERMIT APPLICATION

Two (2) sets of plans including one (1) wet-stamped are required.
The minimum size for plans submittal is 11" x 17" and maximum is 24" x 36".

Only complete applications will be accepted and processed. Please enter "N/A" in sections that do not apply.

Job Information			
Tenant Name:		Address:	
Owner Name:		Owner Address (if different):	
Owner Phone:		Valuation:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Zoning:		Setbacks: Front: ____ Side: ____ Side: ____ Rear: ____	FEMA Flood Zone:
Contractor Information			
Name:		Address:	
NV Contractors License No.:		Fallon Business License No.:	
Contact Person:		Email:	
Office Phone:		Fax:	Mobile:
Architect & Engineer Information (if applicable)			
Architect:		Engineer:	
Address:		Address:	
Office Phone:	Office Fax:	Office Phone:	Office Fax:
Email:	Mobile:	Email:	Mobile:
Contact Person (responsible for plan revisions):		Contact Person (responsible for plan revisions):	
Description of Work			
HVAC Installations <input type="checkbox"/> Change-Out <input type="checkbox"/> New <input type="checkbox"/> Electric unit to gas <input type="checkbox"/> A/C, H/P (____ tons)	Water Heater <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Gas to Electric <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate	Minor Electrical & Plumbing <input type="checkbox"/> Electrical service change ____ (#) of Amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Water service replacement <input type="checkbox"/> Sewer service replacement <input type="checkbox"/> Gas line add/replace ____ ft.	Re-Roof & Siding <input type="checkbox"/> Tear off <input type="checkbox"/> Recover (MAX 2 layers) <input type="checkbox"/> Composition ____ yr. <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/> Indicate Other _____
Complete description of work if other than noted above, please be specific and include everything that is being modified:			



The following approvals shall be initiated by the application prior to acceptance of the application:

City of Fallon Variance	<input type="checkbox"/> Approved	<input type="checkbox"/> N/A
State Health Department (if building involves food & drink handling)	<input type="checkbox"/> Approved	<input type="checkbox"/> N/A
State and Local Fire Marshal	<input type="checkbox"/> Approved	<input type="checkbox"/> N/A
NDOT (if highway access required to lot)	<input type="checkbox"/> Approved	<input type="checkbox"/> N/A
Geotechnical/Engineering Report	<input type="checkbox"/> Approved	<input type="checkbox"/> N/A

I understand that this application does not guarantee permit issuance nor allow work to commence. I understand and agree that the City of Fallon does not enforce C.C.&R.'s and has no obligation to explain every requirement and ordinance to me prior to my project. I certify that the information provided is true and correct to the best of my knowledge and I am authorized to submit this application for review. I agree to comply with all ordinances and laws regulating work in the City of Fallon. I certify that the work to be done under this permit is for the purpose of improving the property stated; that I am familiar with the requirements of the adopted building codes of the City of Fallon, as affecting this work and that I will call for required inspections. Construction must be performed by a contractor licensed in the State of Nevada for the work performed except for Home Owner/Builders. I further acknowledge that the Department of Building Inspection has made no inquiry as to the status of legal title to this land beyond my representations and hereby agree to hold the City of Fallon and the Department of Building Inspection harmless in the event any person claiming paramount title should make a claim based upon this permit against the City of Fallon and the Department of Building Inspection. I agree to save, indemnify and keep harmless the City of Fallon and its officers, employees and agents against all liabilities, judgments, costs and expenses which accrue against the City in consequence of the granting of this authorization. I further certify that I am the owner or the owner's authorized agent:

Print Applicant Name

Applicant Signature

Date

THIS AUTHORIZATION SHALL BECOME VOID IF NOT ACTED UPON WITHIN SIXTY DAYS OF ISSUANCE, OR IF CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED, AND MAY BE VOIDED IF INCORRECT INFORMATION OR ADDITIONAL INFORMATION IS DISCOVERED THAT MAY JUSTIFY THE SAME.

TO BE COMPLETED BY BUILDING DEPARTMENT

Accepted By

Date

Elevation Certificate	<input type="checkbox"/> Required	<input type="checkbox"/> N/A
-----------------------	-----------------------------------	------------------------------

Permit Number

\$ _____

Permit Cost

Notes: _____
