



City of Elko
Building Department

1753 College Avenue, Elko, Nevada 89801
(775) 777-7220 Fax (775) 777-7229

PERMIT APPLICATION

Application Date _____ APN _____ Permit No. _____

Job Address _____ (Manufactured Home? Yes No)

Tenant _____	Phone _____
Property Owner _____	Phone _____
Address _____	

Contractor _____	Phone _____			
Address _____	Fax _____			
NV License _____	City License _____	City _____ State _____ Zip _____	Type _____	Subcontractor <input type="checkbox"/>

Design Professional in Responsible Charge _____	Phone _____
Address _____	Fax _____
City _____ State _____ Zip _____	

Permits Requested Bldg Mech Elec Plumb Sign Other

Description of Work _____

Calc/Est Valuation _____ Occupancy Load _____ Square Footage _____
Illuminated

Type of Occupancy _____ Type of Construction _____ Sign Non-illuminated

I hereby acknowledge that I have read this application and information submitted herein and state that it is correct. I agree to comply with all ordinances and laws regulating building construction in the City of Elko.

Signature

Print Name



Contractor Contact List

Job Address _____ Permit No. _____
 Call _____ at (____) _____ when complete.
 Project Description _____

Owner/Developer	Phone
Contact Person	Cell
Address	Fax
	Email
Architect	Phone
Contact Person	Cell
Address	Fax
	Email
Structural Engineer	Phone
Contact Person	Cell
Address	Fax
	Email
Civil Engineer	Phone
Contact Person	Cell
Address	Fax
	Email
General Contractor	Phone
Contact Person	
NV License #	Cell
City License #	
Address	Fax
	Email
Electrical Contractor	Phone
Contact Person	
NV License #	Cell
City License #	
Address	Fax
	Email
Mechanical Contractor	Phone
Contact Person	
NV License #	Cell
City License #	
Address	Fax
	Email
Plumbing Contractor	Phone
Contact Person	
NV License #	Cell
City License #	
Address	Fax
	Email