



Permit # \_\_\_\_\_

**Building Department**

595 Silver Lace Blvd.  
 Fernley, NV 89408  
 (Phone) 775 784-9900

**RESIDENTIAL/COMMERCIAL WITHOUT PLAN REVIEW APPLICATION**

*This application is to be used for minor electrical, mechanical and plumbing permits. You may email to [bcarpenter@cityoffernley.org](mailto:bcarpenter@cityoffernley.org) Incomplete applications cannot be processed.*

<b>Job Information</b>			
Address:			
Contract Amount/Valuation (see IBC 108.3):			
<b>Contractor Information</b>			
Name:			
Address:			
City, State Zip:			
NV License Number:		Fernley License Number:	
Office Phone:		Cell phone:	
Email:		Fax Number:	
<b>Owner Information</b>			
Name:		APN:	
Address (if different from job address)			
Home Phone:		Cell phone	E-mail
<b>HVAC Installations</b> <input type="checkbox"/> Change-out <input type="checkbox"/> Gas BTUs existing_____/new_____ <input type="checkbox"/> New <input type="checkbox"/> A/C H/P ____ tons <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Boiler <input type="checkbox"/> Electric to gas <input type="checkbox"/> Oil to Gas <input type="checkbox"/> Roof mount	<b>Water Heater</b> <input type="checkbox"/> Change-out <input type="checkbox"/> Gas BTUs existing_____/new_____ <input type="checkbox"/> Electric <input type="checkbox"/> Tankless <input type="checkbox"/> Gas to Electric <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> Efficiency rating _____	<b>Plumbing</b> <input type="checkbox"/> Water Line Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Add/Replace _____ft <input type="checkbox"/> Backflow preventer <b>Minor Electrical</b> <input type="checkbox"/> Electrical Service Change _____ (#) of Amps <input type="checkbox"/> New Electric Circuits	<b>Re-Roof, Siding or Stove</b> <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"/> Pellet/woodburning <input type="checkbox"/> Gas stove

**Complete description of work if other than noted above:** \_\_\_\_\_

**I understand that this application does not guarantee permit issuance nor allow work to commence. I certify that I have the authority and authorization of the property owner to obtain this permit.**

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**