

DOUGLAS COUNTY COMMUNITY DEVELOPMENT DEPARTMENT 1594 Esmeralda Avenue, Post Office Box 218, Minden, Nevada 89423 TEL (775) 782-6224 * FAX (775) 782-9007 building@douglasnv.us / www.douglascountynv.gov

GENERAL BUILDING PERMIT ACA / REVISION APPLICATION

(THIS DOCUMENT MUST BE PROVIDED WITH ONLINE ACA SUBMITTALS AND REVISIONS TO ISSUED PERMITS ONLY)

The following application form is provided for persons to submit a **General Building Permit Application** with Douglas County via our online <u>ACA-ONE portal</u>. As an applicant, you must complete this form and incorporate <u>all</u> requested information, as prescribed by the submittal requirements, before the application is accepted by the Community Development Department. <u>Note:</u> Upon review of this application, Douglas County may require additional documentation and/or applications. By completing this application you are also confirming you have read Title <u>20.01.100 Right to Farm</u>.

Permit will expire if the first inspection has not been performed within 180 days from date of issuance

PROJECT LOCATION/INFORMATION:									
Street Address (if available):				Jnit #:					
Assessor's Parcel Number(s): Required-Assessor's website- <u>www.douglascountynv.gov</u>									
Town/GID (if applicable):			Regional/Community Plan (if applicable):						
Floodplain*:			Roof Material:						
Zoning (current):			Master Plan Land Use (current):						
Lot Setbacks-Front:	Side/Street	side:	Rear:	Square Ft:					
Total Project Valuation (this includes all material, labor and services to complete project): \$									
Revision #									
*A Floodplain Development Permit is required for development in Special Flood Hazard Areas and Flood Zones A, AE and AO									
require Elevation Certificates at design and before final inspection (Section 110 IBC).									
PROJECT DESCRIPTION:									
Project Name (if applicable):									
Brief description of project or request:									
Will this submittal require septic? Yes No									
*If Yes, the following items are required:									
*Septic (if applicable): New Existing Replacement Conventional Engineered Number of Bedrooms: Fixture Units:									
Owner Builder: Yes No If YES, a signed State of Nevada Owner/Builder Affidavit must be submitted with application.									

	Property Owner		Authorized Representative/Contact*						
Name:			Name:						
Mailing Address:			Address:						
City:	State:	Zip:	City:	State:	Zip:				
Phone:			Phone:						
Email:			Email:						
Design Professional			Contractor						
Name:			Name:						
Address:			Address:						
City:	State:	Zip:	City:	State:	Zip:				
Phone:			Phone:						
Email:			Email:						
NV State License #:			NV State Contractor's License #:	Cl	ass:				

Owner: (signature required)

APPLICANT INFORMATION:

As the owner, I agree to save, indemnify, and keep harmless the COUNTY OF DOUGLAS, its officers, employees, and agents against all liabilities, judgements, cost, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any onsite or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances and laws.

Property Owners Name

Property Owner's Signature

Authorized Representative:

As the owner's authorized representative, I agree to comply with all applicable rules, codes and laws relative to this application. *If the property* owner wants to give full authorization to this Authorized Representative for the project on this application, please complete the Blanket Authorization form attached to the hereto.

Owner's Authorized Representative

Representative's Signature

*The authorized representative/contact person listed on the permit will be the person addressed on all correspondence and phone calls.

Date

Date

DOUGLAS COUNTY GENERAL BUILDING APP								10 01	1							
775-782-6224			Residential			Commercial			Other							
	Residential Permit/Accessory	Allocation (Valley only)	Manufactured Home	Septic/Perc	Patio/Deck/Retaining Wall	Garage/Shop (no conditioned space)	Barn/Shed	Carport	Commercial Permit	Sign - Commercial	Change of Occupancy	Pool / Spa	Revision / Name Change	Solar Photovoltaic/Geo thermal/Wind Turbine	Generator	Grading Permit
FEE- check with staff	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
01. APPLICATION FORM	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
02. NOT APPLICABLE LETTER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
03. DIGITAL COPY OF ENTIRE SUBMITTAL	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
04. TAX RECEIPT (Paid Current)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
05. CONNECTION LETTER/RECEIPT/PERMIT	1		1			1	1		1							
06. STRUCTURAL CALCULATIONS	2		2		2	2	2	2	2	2		2		2		
07. PLANS																
COVER SHEET									2							
PLOT/SITE PLAN	1		2	2	2	2	2	2	2	2	2	2	2	2	2	2
FOUNDATION PLAN & STRUCTURAL FLOOR PLAN	1		2		2	2	2	2	2	2			2	2		
FLOOR PLAN	1		2		2	2	2	2	2		2		2			
ROOF FRAMING PLAN	1				2	2	2	2	2				2	2		
ELEVATION PLAN	1		2		2	2	2	2	2	2			2	2		
BUILDING SECTIONS	1		2		2	2	2	2	2	2		2		2		
ELECTRICAL/MECHANICAL/PLUMBING PLANS	1				2	2	2	2	2	2		2	2	2	2	
STRUCTURAL PLANS	1		2		2	2	2	2	2	2		2		2		
08. A SEPARATE SUBMITTAL TO THE LOCAL FIRE AGENCY	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*
09. COMMERCIAL REQUIREMENTS									2	2						
10. ADDITIONAL REQUIREMENTS	2		2	2	2	2	2	2	2	2	2	2	2	2	2	2
Notes:																
a) Refer to the following pages for a des	cription	of the	subm	nittal r	equire	ements	5.									



DOUGLAS COUNTY NEVADA COMMUNITY DEVELOPMENT BLANKET LETTER OF AUTHORIZATION

This document shall serve as a blanket letter of authorization for the owner to designate official representatives:

I certify under penalty of perjury that I am the legal owner, or the authorized representative for the legal entity having title following property: (list all Parcel Numbers which to the Assessor , and I hereby authorize apply): the persons or entities named above to act on my behalf with respect to all matters necessary to complete the aforementioned project, including executing all necessary documents and attending public hearings. I may choose to replace my representative by filling out a new Blanket Authorization Form and submitting it to the Douglas County Community Development.

I further agree to indemnify and hold Douglas County harmless, along with its employees and agents, from any suit, liability, claims, actions, demands, costs, expenses, attorney fees and causes of action arising from this authorization or the actions of my representative related thereto.

I also declare and certify under penalty of perjury under the laws of the State of Nevada that the information contained in this Blanket Letter of Authorization and the Douglas County Community Development Application is true and correct.

OWNER(s) of RECORD: (Include extra sheets if necessary)

Printed Name

Signature

Signature

Date

Date

Printed Name

Note: For permits requiring a public hearing, this application must include the names of all owners and, if a corporation, all stockholders and officers (Douglas County Code <u>20.04.010</u>). <u>You must provide documentation from the legal entity which authorizes the person executing this document to act on the legal entities' behalf.</u>

You are required to obtain a notarized signature for each person who signs this document and notary blocks are included below (use as many extra sheets as necessary).

Notary Public

STATE OF NEVADA)
) ss.
COUNTY OF)

On this _____day of _____

NOTARY PUBLIC

202 ,____