

CITY OF WELLS

Building, Electrical, Plumbing & Mechanical Permit

525 Sixth Street, P O Box 366, Wells NV 89835 Phone (775)752-3355 Fax (775)752-3419

building@cityofwellsnv.com

Application Date _____ Permit No. _____

Assessor's Parcel No. _____ - _____ - _____ Job Site Address _____

Applicant _____ Phone _____ Fax _____

Address _____

Applicant's Signature _____ e-mail _____

Owner _____ Phone _____

Address _____

Contractor _____ NV License No. _____

Address _____

Phone No. _____ Fax No. _____

SUB-CONTRACTORS:

Electrical _____ NV Lic. No. _____ Phone _____

Mechanical _____ NV Lic. No. _____ Phone _____

Plumbing _____ NV Lic. No. _____ Phone _____

Engineer of Record _____ NV Lic.No. _____

Architect of Record _____ NV Lic. No _____

Value of Project Work _____

- Permit Type:** Commercial Residential Manufactured Home
 Building Electrical Mechanical Plumbing Foundation
- Classification:** New Addition Remodel Repair

Brief Description of Work _____

← ← **Applicant Stops Here** → →

Deposit Amount _____ Rec'd By _____ Cash Check No. _____

Construction Type _____ Occupancy Type _____ No. of Stories _____ No. of Dwelling Units _____

Occupant Load _____ Sign Type _____ Roof Type _____ Fence Type _____ Elevator Flag _____

Special Approvals Required:

Nevada State Fire Marshal Nevada State Health Fire Sprinklers Engineering Addressing Contract Plan Review _____

Applicant Contacted Date: _____ (Permit Issued and Balance Due)