City of Ely Building Department

501 Mill, P.O. Box 299 Ely, Nevada 89301 Phone (775) 289-6500 Fax (775) 289-1463

BUILDING PERMIT PACKAGE

Information needed to	o complete package and prior to issuance of a Building Permit
1. Co	mplete the 'Building Permit Application', including address of project nation.
needed grading of	e plan of sufficient clarity and detail to show Building location on site, site, and property location. Two (2) copies, one for the City to retain the project site at all times.
	ilding plans of sufficient detail and clarity to show intended project pplication of Codes. Two (2) copies, one for the City to retain and one t site at all times.
4. Probuilding permit, for	oof of ownership, or letter of authorization from owners, to obtain or the property.
5. Let	tter of intent to serve from utility companies.
	tter of Clearance from utility companies. City of Ely Water / Sewer Wheeler Power, etc.
7. Co	pies of any and all approved Zone changes, Variances, or special / ermits from Whit Pine Regional Planning Commission.
	opy of approval, from Nevada State health Division, Bureau of health s, for needed septic system and / or domestic water system.
	mpleted form of 'Owner Builder Affidavit of Exemption', by Nevada Board, if applicable.
10. All	Contractors Names and License Numbers must be listed.
	tter of approval for access, an 'All Weather Road' for emergency vehicle ef, or White Pine County Fire Chief.

Information for Owner or Builder:

Plan review will made on all permits, and plan review fee will be charged on all permits requiring plan review.

All plans must be submitted and approve prior to issuance of permit.

Any work done prior to issuance of permit will be subject to double permit fees.

Any work on Manufactured Housing must be approved and inspected by State of Nevada Manufactured Housing Division (702) 486-4135

All inspections <u>must be scheduled 24 hours in advance</u> not including weekends and holidays Required inspections include but are not limited to the following:

FOOTINGS
FOUNDATION
UNDER SLAB UTILITIES
ROUGH FRAMING
ROUGH ELECTRICAL
ROUGH PLUMBING
ROUGH MECHANICAL
INSULATION
DRY WALL NAILING
FINAL

File: C:\Building Department\Permit Application Cover.doc

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\ WW	Name of Owner
\ V	Address of Owne

City of Ely Building Department Building Permit Application

	Cel (7/3) 289-01	22				
	Name of Owne	:r		Telephone of Owner		
	Address of Ow	ner		Email of Owner		
Name of Cont	cact Person			Telephone of Contact Person		
Address of Pr	oject			Email of Contact Person		
Parcel Informa	ation	Section		Addition		
Parcel #		Legal Description		Lot / Block		
Proposed Use Residentia		ommercial	Industrial	Mining		
Class of Work	New Building [Addition [Relocate/Move	Demolition Alteration	Mobile Home Other		
Description	of Work					
Building Contr Address	Building Contractor Address			State Lic# City Lic#		
Electrical Con Address	tractor			State Lic# City Lic#		
Plumbing Con Address	tractor			State Lic# City Lic#		
Mechanical Contractor Address				State Lic# City Lic#		
NOTE:	II CHVUEU VBEV	S - MARK N/A IF	MOT ADITOARIE			
	TT SHANEN AVEW	S - MAKK N/A II	NOT APLICADLE			
days, or if	becomes null and construction or w as commenced.	void if work or con ork is suspended or	nstruction authori a abandoned for a	zed is not commenced within 180 period of 180 days at any time		
		read and examined t	chis application a	nd know the same to be true and		
All provisio specified he	rein or not.			will be complied with whether		
				violate or cancel the he performance of construction		
Rough Mechan:	d Foundation					
togather 4.Stucco - wi 5.Insulation 6.Dry Wall 7.Final	ire stapeling		Contractor/Agent	Date		
			Owner/Builder	Date		
Page 1						

PI	Phone (775) 289-6500 Ext 215 Fax (775) 289-1463 Cel (775) 289-0122			
	Size of Bldg.Sq.Ft			
	Estimated Cost of project			
	Bldg.Sq.Ft Estimated Cost			

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City of Ely Building Department Building Permit Application

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	Cel (775) 289-0122	Dununig	g Fernin Application	INO.		
	Size of Bldg.Sg.Ft			Size of acc. Bldg.		
/ 1	Estimated Cost \$					
	Valuation of work w	used \$				
V	for permit assesmer Type of Construction	ιι. π		Land Use		
	Occupancy			Zone Maximum		
	Group Special			Occupancy		
	Approvals		Approved	Denied	Not Req.	
	RPC					
	Fire					
	Health					
	Will Serve					
	Building Permit	\$				
	Plan Check	\$				
	Modular Fee	\$				
	Total		\$			
		Chl	< #			
	Date Issued	Dat	Date Expires			
				Remarks:		
Building Official			-			
			J			