

**City of Ely/ White Pine County Building & Planning Department
Building Permit Application**

City _____ **OR** **County** _____

Phone: (775)289-6500

No. _____

Fax: (775)289-1463

501 Mill Street
Ely, NV 89301

Name of Owner		Telephone of Owner
Mailing Address of Owner		Email of Owner
Name of Contact Person		Telephone of Contact Person
Address of Project		Email of Contact Person

Parcel Information	Section	Addition
Assessor's Parcel Number	Legal Description	Lot/Block

Mileage from City Hall to Project Site: _____

Proposed Use: Residential Commercial Industrial
 Mining Other

Class of Work

New Building Relocate/Move Demolition Mobile Home
 Addition Repair Alteration Other

Description of Work

Building Contractor Name & Address	State License # City License #
Plumbing Contractor Name & Address	State License # City License #
Electrical Contractor Name & Address	State License # City License #
Mechanical Contractor Name & Address	State License # City License #

Notice

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. All inspections must be scheduled 48 hours in advance.

Required Inspections may include the following:

1. Footing & Foundation
2. Under-floor Utilities
3. Framing, Rough Plumbing, Rough Electrical, & Rough Mechanical -these 4 can be scheduled together.
4. Stucco - Wire Stapling
5. Insulation
6. Dry Wall
7. Final

Owner/Builder Signature	Date
Contractor/Agent Signature	Date
Building Official Signature	Date

Size of Bldg. Sq. Ft.		Size of Acc. Bldg.	
Total Valuation of Work \$			
Type of Construction		Land Use Zone	
Occupancy Group		Maximum Occupancy	

Special Approvals			
	Approved	Denied	Not Required
RPC			
Fire			
Health			
Will Serve			

	Building Permit	\$
	Plan Check	\$
	Fuel Surcharge	\$
	Penalty	\$
	Total	\$
	Date Issued	Date Expires

Remarks:

