Print Form

BUILDING PERMIT APPLICATION

TO BE COMPLETED BY OWNER/BUILDER

Owner/Builder: _____

Street Address of Property: _____

Building Project: _____

List Existing Buildings: _____

Legal Access: (Check One) ☐ Yes ☐ No

Additional Info/Contractors Name: _____

I have received and read the handout titled "Dust Control In Churchill County". _____ Initial

I hereby certify that all information supplied in this application is correct, and complete to the best of my knowledge, and I agree to save, indemnify and keep harmless the County of Churchill and its officers, employees and agents against all liabilities, judgments, costs and expenses which accrue against the County in consequence of the granting of this authorization.

THIS AUTHORIZATION SHALL BECOME VOID IF NOT ACTED UPON WITHIN SIXTY DAYS OF ISSUANCE, AND MAY BE VOIDED IF INCORRECT INFORMATION OR ADDITIONAL INFORMATION IS DISCOVERED THAT MAY JUSTIFY THE SAME.

Signature: _____ Phone Number: _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

TO BE COMPLETED BY BUILDING DEPARTMENT

APN _____ Parcel Size _____ Zoning _____ Flood Zone _____ Elevation Cert. Required ☐ Yes ☐ No

Water Rights: _____ Amount _____

Park Fee: _____ Amount _____

Road Fee: _____ Amount _____

School Fee: _____ Amount _____

Septic Appl # _____ Amount _____

Bld Pmt Appl # _____ Amount _____

TOTAL FEES DUE _____

BUILDING DEPARTMENT AUTHORIZATION

Signature _____ Date _____

Plan File Location _____