

BUILDING PERMIT APPLICATION

This form must be printed and submitted in person to Churchill County Building Department

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: _____

E-mail Address: _____

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 Application #: _____ Amount: _____

Building Permit Application #: _____ Amount: _____

TOTAL FEES DUE: _____

BUILDING DEPARTMENT AUTHORIZATION

Signature _____ Date _____

Plan File Location _____