

BUILDING PERMIT APPLICATION
Permit Application Center (PAC)
2250 Las Vegas Boulevard North, Suite 128

North Las Vegas, NV 89030 (702) 633-1536

Your Community of Choice Application #ASSESSOR PARCEL NUMBER			Application Date				
BUILDING ADDRESS			SUITE	SUITE # (IF APPLICABLE)		IF NO SUITE NUMBER IS LISTED, THIS MAY DISRUPT INSPECTIONS	
SUBDIVISION		UNIT #	. LOT #		BLOCK #	MODEL #	
TENANT NAME	4						
PROJECT NAME		***************************************					
OWNER'S NAME							
OWNER'S MAILING ADDRESS	S						
CITY	STATE	ZIP	TELEPI	HONE #	FAX #	ŧ	
CONTACT PERSON							
CONTACT'S MAILING ADDR	RESS						
CITY STATE	ZIP		TELEPHONE #	FAX#	EMAI	L ADDRESS	
PRINCIPAL DESIGN PROFESS	IONAL						
PROJECT'S TOTAL VALUAT TYPE OF CONSTRUCTION SQ. FOOTAGE	# UNITS		ANCY TYPE  IES OCCUP.	S ANT LOAD	PRINKLER SYST	TEM? REQUIRED?	
PERMIT TYPE			CONTRACTOR'S DECLARATION / INFORMATION				
	ddition teration ement  Residential esidential dition eration ewer, Water Other e-Roof Roof		is correct. I agree to	CLASS  ME  ST  GNATURE  read this applica o comply with all tion, and hereby	CNLV  TATE  FAX#  tion and state that I City ordinance authorize representations.	ZIP  DATE  at the above information is and state laws relating is sentatives of this city to	
☐ Sales Trailer			Signature of Applican	t	Date		