



DOUGLAS COUNTY

COMMUNITY DEVELOPMENT DEPARTMENT

1594 Esmeralda Avenue, Post Office Box 218,
Minden, Nevada 89423

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building@douglasnv.us / www.douglascountynv.gov

GENERAL BUILDING PERMIT ACA / REVISION APPLICATION

(THIS DOCUMENT MUST BE PROVIDED WITH ONLINE ACA SUBMITTALS AND REVISIONS TO ISSUED PERMITS ONLY)

The following application form is provided for persons to submit a **General Building Permit Application** with Douglas County via our online [ACA-ONE portal](#). As an applicant, you must complete this form and incorporate all requested information, as prescribed by the submittal requirements, before the application is accepted by the Community Development Department. Note: Upon review of this application, Douglas County may require additional documentation and/or applications. By completing this application you are also confirming you have read Title [20.01.100 Right to Farm](#).

Permit will expire if the first inspection has not been performed within 180 days from date of issuance

| PROJECT LOCATION/INFORMATION: | |
|---|--|
| Street Address (if available): | Unit #: |
| Assessor's Parcel Number(s): | Required-Assessor's website- www.douglascountynv.gov |
| Total Project Valuation (this includes all material, labor and services to complete project): \$ | |
| Revision # | WUI Class: Valley: Obtain WUI Classification from East Fork Fire District |
| *A Floodplain Development Permit is required for development in Special Flood Hazard Areas and Flood Zones A, AE and AO require Elevation Certificates at design and before final inspection (Section 110 IBC). | |
| PROJECT DESCRIPTION: | |
| Project Name (if applicable): | |
| Will this submittal require septic? Yes ___ No ___ *If Yes, the following items are required: | |
| *Septic (if applicable): <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> Conventional <input type="checkbox"/> Engineered | |
| Number of Bedrooms: _____ Fixture Units: _____ | |
| Septic Tank Size: _____ Number of Leach Lines: _____ | |
| Leach Line Length: _____ Acreage of Parcel: _____ | |
| Percolation Test performed by: _____ Date: _____ | |
| Does the plot plan accurately show location of percolation test? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Owner Builder: <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, a signed State of Nevada Owner/Builder Affidavit must be submitted with application. |
| APPLICANT INFORMATION: | |
| Property Owner | Authorized Representative/Contact* |
| Name: | Name: |
| Mailing Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Phone: Email: | Phone: Email: |
| Design Professional | Contractor |
| Name: | Name: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Phone: Email: | Phone: Email: |
| NV State License #: | NV State Contractor's License #: Class: |

Owner: (signature required)

As the owner, I agree to save, indemnify, and keep harmless the COUNTY OF DOUGLAS, its officers, employees, and agents against all liabilities, judgements, cost, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances and laws.

Property Owners Name

Property Owner's Signature

Date

Authorized Representative:

As the owner's authorized representative, I agree to comply with all applicable rules, codes and laws relative to this application. ***If the property owner wants to give full authorization to this Authorized Representative for the project on this application, please complete the Blanket Authorization form attached to the hereto.***

Owner's Authorized Representative

Representative's Signature

Date

*The authorized representative/contact person listed on the permit will be the person addressed on all correspondence and phone calls.

| DOUGLAS COUNTY GENERAL BUILDING APPLICATION SUBMITTAL REQUIREMENTS CHECKLIST | | | | | | | | | | | | | | | | |
|--|------------------------------|--------------------------|-------------------|-------------|---------------------------|------------------------------------|-----------|---------|-------------------|-------------------|---------------------|------------|------------------------|---|-----------|----------------|
| 775-782-6224 | Residential | | | | | | | | Commercial | | | Other | | | | |
| | Residential Permit/Accessory | Allocation (Valley only) | Manufactured Home | Septic/Perc | Patio/Deck/Retaining Wall | Garage/Shop (no conditioned space) | Barn/Shed | Carport | Commercial Permit | Sign - Commercial | Change of Occupancy | Pool / Spa | Revision / Name Change | Solar Photovoltaic/Geo thermal/Wind Turbine | Generator | Grading Permit |
| FEE- check with staff | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES | YES |
| 01. APPLICATION FORM | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 02. NOT APPLICABLE LETTER | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 03. DIGITAL COPY OF ENTIRE SUBMITTAL | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 04. TAX RECEIPT (Paid Current) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 05. CONNECTION LETTER/RECEIPT/PERMIT | 1 | | 1 | | | 1 | 1 | | 1 | | | | | | | |
| 06. STRUCTURAL CALCULATIONS | 2 | | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | | 2 | | |
| 07. PLANS | | | | | | | | | | | | | | | | |
| COVER SHEET | | | | | | | | | 2 | | | | | | | |
| PLOT/SITE PLAN | 1 | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| FOUNDATION PLAN & STRUCTURAL FLOOR PLAN | 1 | | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | | 2 | 2 | | |
| FLOOR PLAN | 1 | | 2 | | 2 | 2 | 2 | 2 | 2 | | 2 | | 2 | | | |
| ROOF FRAMING PLAN | 1 | | | | 2 | 2 | 2 | 2 | 2 | | | | 2 | 2 | | |
| ELEVATION PLAN | 1 | | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | | 2 | 2 | | |
| BUILDING SECTIONS | 1 | | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | | 2 | | |
| ELECTRICAL/MECHANICAL/PLUMBING PLANS | 1 | | | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | 2 | 2 | 2 | |
| STRUCTURAL PLANS | 1 | | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | | 2 | | |
| 08. A SEPARATE SUBMITTAL TO THE LOCAL FIRE AGENCY | * | | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| 09. COMMERCIAL REQUIREMENTS | | | | | | | | | 2 | 2 | | | | | | |
| 10. ADDITIONAL REQUIREMENTS | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Notes: | | | | | | | | | | | | | | | | |
| a) Refer to the following pages for a description of the submittal requirements. | | | | | | | | | | | | | | | | |
| b) The numbers in the squares denote the minimum number of copies required for submittal | | | | | | | | | | | | | | | | |



DOUGLAS COUNTY NEVADA COMMUNITY DEVELOPMENT BLANKET LETTER OF AUTHORIZATION

This document shall serve as a blanket letter of authorization for the owner to designate official representatives:

I certify under penalty of perjury that I am the legal owner, or the authorized representative for the legal entity having title to the following property: (list all Assessor Parcel Numbers which apply): _____, and I hereby authorize the persons or entities named above to act on my behalf with respect to all matters necessary to complete the aforementioned project, including executing all necessary documents and attending public hearings. I may choose to replace my representative by filling out a new Blanket Authorization Form and submitting it to the Douglas County Community Development.

I further agree to indemnify and hold Douglas County harmless, along with its employees and agents, from any suit, liability, claims, actions, demands, costs, expenses, attorney fees and causes of action arising from this authorization or the actions of my representative related thereto.

I also declare and certify under penalty of perjury under the laws of the State of Nevada that the information contained in this Blanket Letter of Authorization and the Douglas County Community Development Application is true and correct.

OWNER(s) of RECORD: (Include extra sheets if necessary)

| | | |
|-----------------------|--------------------|---------------|
| _____ Printed Name | _____ Signature | _____ Date |
| _____ Printed Name | _____ Signature | _____ Date |

Note: For permits requiring a public hearing, this application must include the names of all owners and, if a corporation, all stockholders and officers (Douglas County Code [20.04.010](#)). You must provide documentation from the legal entity which authorizes the person executing this document to act on the legal entities' behalf.

You are required to obtain a notarized signature for each person who signs this document and notary blocks are included below (use as many extra sheets as necessary).

Notary Public

STATE OF NEVADA)
) ss.
COUNTY OF _____)

On this ____ day of _____ 202__, _____
_____ personally appeared before me, a Notary Public, and proved to me to be the person whose name is subscribed to foregoing instrument, and acknowledged to me that he executed the foregoing instrument.

NOTARY PUBLIC