



Self-Certification Program

Commercial Building Building Permit Application

Date: _____

Project Address: _____

Building Area: _____ Construction Type: _____ Occupancy Type: _____

Number of stories: _____ Suite/Space: _____

Building #: _____ Building Valuation: _____

Description of Work: _____

Professional of Record Information

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

NV License #: _____ Email: _____

Self-Certification Professional Certificate #: _____

Professional of Record Signature: **X** _____

Responsible Tenant or Owner Information

Owner/Tenant: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax: _____

Email: _____

General Contractor Information

Business Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone #: _____ Fax: _____

CNLV Lic #: _____ State Lic #: _____

*****Self-Certification Professional is to obtain Planning and Zoning Clearances (below) prior to project submittal*****

Site Development Counter Clearance

Site Review:

Permit Number: _____ Site/Plat/Lot Split or Combo Plan Number: _____

Site Plan Approved: Yes No Required Not Required

Zoning Approved: Yes No Required Not Required

Site Inspection: Required Not Required

Other Requirements: _____ Yes No Not Required

Staff Initials: _____ Date: _____ Accepted for Log-in. Not Accepted for Log-in.

Civil Permitting Clearance

Bonds Posted: Yes No Not Required

Civil Permits Purchased: Yes No Not Required

Other Requirements: _____ Yes No Not Required

Address Approved: Yes No Correct Address: _____

Staff Initials: _____ Date: _____ Accepted for Log-in. Not Accepted for Log-in.

Notes: