



# WASHOE COUNTY

## COMMUNITY SERVICES DEPARTMENT

### Planning & Building Division

Permit #: \_\_\_\_\_

1001 EAST 9<sup>TH</sup> STREET  
 RENO, NEVADA 89512  
 PHONE (775) 328.2020  
 FAX (775) 328.6132

**MANUFACTURED HOUSING**

**PERMIT APPLICATION**

**\*Email is required for Owner, Contractor, Design Professional's and Person to Contact.**

**Parcel Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Unit No.** \_\_\_\_\_

**Property Owner Information:** Owner/Builder Permit?  Yes  No  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_ \*Email: \_\_\_\_\_

**Owner of Mobile/Manufactured Home, if different from property owner:**  
 Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
 Address: \_\_\_\_\_ \*Email: \_\_\_\_\_

**Installation Contractor Information:**  
 Installation Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ NV License No. : \_\_\_\_\_  
 NMHD License No.: \_\_\_\_\_ County Business License No.: \_\_\_\_\_

**Design Professional Information:**  
 Architect's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Engineer's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Person to contact regarding the permit:**  
 Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Project Information:**  New  Replacement  IRC  HUD Code Year \_\_\_\_\_  
 Size of New /Replacement: \_\_\_\_\_ Size of Structure Removed: \_\_\_\_\_  
 Age of Structure Removed: \_\_\_\_\_ Type of Foundation System: \_\_\_\_\_

**Site Information:** (All grading & drainage shall be shown on site plans.) (No pit setups.)  
 Flood Plain:  Yes  No Required Pad/Soil Compaction: \_\_\_\_\_ psi  
 How will compaction be verified? \_\_\_\_\_  
 Percent Slope from Structure: \_\_\_\_\_ Percent Slope across pad: \_\_\_\_\_  
 Parking Structure Required per Planning Code: Yes  No



**INTEGRITY**



**EFFECTIVE COMMUNICATION**



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**Structure Information:** (See Northern Nevada Amendments for requirements.)

Basic Wind Speed: \_\_\_\_\_ V<sub>ult</sub> Ground Snow Load: \_\_\_\_\_ P<sub>g</sub> Elevation: \_\_\_\_\_ ft.  
 Seismic Requirements for Category D2 : \_\_\_\_\_

**Utility Information:** (All utilities shall be shown on site plan from street connections to structure.)

Electrical Service:  New  Existing; Panel size: \_\_\_\_\_  Overhead  Underground  
 Conductor size: \_\_\_\_\_ number: \_\_\_\_\_ type: \_\_\_\_\_; Conduit size: \_\_\_\_\_ type: \_\_\_\_\_;  
 Gas Service: (Manometer test required.)  New  Existing;  Propane (tank)  Natural Gas  
 \_\_\_\_\_ BTUs Provided; \_\_\_\_\_ BTUs Required; Connection size: \_\_\_\_\_ type: \_\_\_\_\_  
 Water Service:  Well  Municipal **Fixture Count (Required):** \_\_\_\_\_ **Bathroom Count (Required)** \_\_\_\_\_  
 Sewer Service:  Septic  Municipal  Commercial Sewer

**Fire / Wildland Urban Interface Requirements:** (Show requirements on the plans. See WUI Guide.)

Fire Sprinklers: Required  Yes  No; Provided  Yes  No  
 Fire Hazard Severity:  Low  Moderate  High  Extreme  
 If in Moderate, High or Extreme, provide the following:  
 Ignition-resistant Construction:  IRC 1  IRC 2  IRC3  
 Conforming Water Supply  Yes  No Conforming Defensible Space  Yes  No  
 Class Roof: \_\_\_\_\_ Siding Material: \_\_\_\_\_ Skirting Material: \_\_\_\_\_  
 Eave Construction: \_\_\_\_\_ Eave Vents: \_\_\_\_\_  
 Eave Extension Measurement: \_\_\_\_\_

**Complete Applicable Items**

Foundation Contract Price: _____	Water Well:	Yes <input type="checkbox"/> No <input type="checkbox"/>
New Garage Sq. Footage: _____	Septic System:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Garage Sq. Footage: _____	Architectural Committee:	Yes <input type="checkbox"/> No <input type="checkbox"/>
New Covered Deck and Porch Sq. Footage: _____		
New Deck and Porch Sq. Footage: _____		
Patio Cover or Sunroom Sq. Footage: _____		
Shed Sq. Footage: _____		
Fence Lineal Footage: _____		

**Description of Work:**

**Applicant (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



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