

WASHOE COUNTY

COMMUNITY SERVICES DEPARTMENT

Planning & Building Division

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

Permit #

ELECTRONIC SIGN PERMIT APPLICATION

*Email required						
Parcel Number:	Address:					
Suite:						
Business/Tenant Information	n:					
Property Owners Name:	Phone No.:					
Mailing Address:						
Tenant Name:	Phone No.:					
Description of Business	Fax No.:					
Address: *Email: ***Nevada licensed contractor is required to sign of all commercial permits***						
Nevada licensed contractor is required t	o sign of all commercial permits					
Contractor Information:						
Contractor:	Contact Name:					
Address:						
Phone No.:						
	County Business License No.:					
License Classification:	Dollar Limit:					
Design Professional Informa	ation:					
Architect's Name:	Phone No.:					
*E-Mail Address	Fax No.:					
Engineer's Name:	Phone No.:					
*E-Mail Address	Fax No.:					
PERSON TO CONTACT REGARDII	NG THIS PROJECT					
Name and Company	Phone No.:					
*E-Mail Address	Fax No.:					









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Project Information:						
Contract Price \$ Allowable Area:		 Existing Area:				
Proposed Area:		Remaining Area:				
Freestanding Sign Height:	Circuit Qty: New Service: Yes No					
Electric: Yes No	Circuit Qty:	New Service: Yes		No		
Special Use Permit: Yes	No	Variance: Yes	No	(Attach copy)		
Description of Work:						
Applicant (print)			Date:			
Signature						





