



Website: <https://cityoflovelock.com/>

Email: clerk@cityoflovelock.com

City of Lovelock Building Department

400 14th Street P.O. Box 238

Lovelock, NV 89419

Phone: (775) 273-2356 Fax: (775) 273-7979

For Office Use Only

Application received by _____ Permit No. _____

Application must be filled in completely, incomplete applications will not be accepted.

Permits requested:

☐ conventional construction

Type of structure: _____

☐ electrical

☐ plumbing

☐ septic system (requires additional paperwork)

☐ mechanical

☐ other: _____

☐ grading: Total Cubic Yards: _____

Project Cost: _____

Application Date _____

Project Location

Project Address _____

Assessor's Parcel No. _____ Location in County _____

Manufactured Home Park _____ Space No. _____

Applicant

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Property Owner

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

Project Information

Provide a detailed description of the project _____

Type of Structure	Dimensions	Area in Square Feet
Ex. residence, garage, etc.	20' x 40'	800 sq. ft.

Use of structure:

☐ Residential

☐ Commercial / Industrial

Construction will be done by:

☐ Applicant/Property owner

☐ Contractor

Lot Size (acres or sq. ft.) _____

Dimensions of Lot _____

SEE REVERSE SIDE

List other structures on property _____

Distance from site to nearest waterway _____

Contractor Information

Provide information for all contractors involved with the project. Please attach second sheet with any additional contractors.

Building / General Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Electrical Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Plumbing Contractor

Name _____ Phone No. _____

Mailing Address _____

City _____ State _____ Zip Code _____

State License No. _____ County License No. _____

Mechanical Contractor Name

Mailing Address _____ Phone No. _____

City _____

State License No. _____ State _____ Zip Code _____

County License No. _____

Name _____

Mailing Address _____ Phone No. _____

City _____

State License No. _____ State _____ Zip Code _____

County License No. _____

Concrete/Masonry Contractor Name

Mailing Address _____ Phone No. _____

City _____

State License No. _____ State _____ Zip Code _____

County License No. _____

Applicant Signature

I hereby state that the information provided in this application is correct and true to the best of my knowledge. I agree to comply will all applicable state laws and Pershing County ordinances and adopted codes.

X _____ Date _____

Three (3) sets of construction plans and one (1) copy of site plan are required to be submitted with each application.