

CITY OF WINNEMUCCA BUILDING DEPARTMENT  
90 W. 4TH STREET  
WINNEMUCCA, NV 89445  
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APPLICATION FOR BUILDING AND/OR FIRE CODE PLAN REVIEW

PROJECT ADDRESS: \_\_\_\_\_

APN: \_\_\_\_\_

PROJECT: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

OWNER: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

PLANS SUBMITTED BY:

FIRM/PERSON NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

PROJECT DESCRIPTION: (See Commercial Checklist for required submittals)

- (     ) Architectural/Construction    (     ) Automatic Sprinkler    (     ) Fire Alarm  
(     ) Extinguishing System (non-sprinkler)    (     ) Other/specify

Building Use: \_\_\_\_\_

Project Square Footage: \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_

Type Of Construction: \_\_\_\_\_

Actual Project Value (**REQUIRED**): \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Project Scheduled to Begin Construction \_\_\_\_\_

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*(For office use):*

*Bldg Plan Review Fee Paid \$* \_\_\_\_\_ *Fire Plan Review Fee Paid \$* \_\_\_\_\_

*Date Paid:* \_\_\_\_\_