



Mineral County Building Department

Building Permit Application

Permit No. _____

*Fill out all highlighted sections prior to submission to the Mineral County Building Department.

Project Address: _____ Location: _____

Assessors Parcel No.: _____ Zone: _____ Occupancy Group: _____

FEMA Flood Zone: _____ Elevation Certification Required: yes no

Special Use Permit Required: yes no Variance Permit Required: yes no

Description of Work: _____

Project Area: sq .ft. _____ lin. ft. _____ cu. ft. _____ Project/Contract Cost: _____

Applicant: _____ Phone No. : _____

Mailing Address: _____

Owner: _____ Phone No. : _____

Mailing Address: _____

Contractor/Builder: _____ Phone No. : _____

Mailing Address: _____ License No. : _____

Contact Person: _____ Phone No. : _____

I understand that an incomplete form may result in delays in the issuance of this permit until such time as all necessary information has been provided.

I agree that all information supplied in this application is correct, and complete to the best of my knowledge, and I agree to save, indemnify and keep harmless the County of Mineral and its officers, employees and agents against all liabilities, judgments, costs and expenses which accrue against the County in consequence of the granting of this authorization.

Applicant Signature: _____ Date: _____

THIS AUTHORIZATION SHALL BECOME VOID IF NOT ACTED UPON WITHIN SIXTY DAYS OF ISSUANCE, AND MAY BE VOIDED IF INCORRECT INFORMATION OR ADDITIONAL INFORMATION IS DISCOVERED THAT MAY JUSTIFY THE SAME.

//////////////////////////////////// **Building Department Use Only** //////////////////////////////////////

Permit Fee: _____ Plan Check Fee: _____ Late Permit Fee: _____
Total Fees Due: _____

===== **Building Department Authorization** =====

Signature: _____ Date: _____