**APPLICATION FOR BUILDING PERMIT AND/OR PLAN REVIEW**

SPWD Project Number (to be assigned by SPWD):

Facility Condition Analysis Number (to be assigned by SPWD):

**Please complete this application form and fax to SPWD Carson City office at (775) 684-4142.**

Project Name:

Application Date:

Form Completed by: Phone:

Fax Number: Email Address:

Applicant’s FedEx, UPS, or other Shipping Number:

Building Name:

Building Address:

Project Location: County: City:

Building/Space Use:

***APPLICANT TO PROVIDE:* Written Project Scope of Work**

(Please describe the project in the space below; attach additional sheets as needed)

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Project Name:

Department Requesting Project:

Division Requesting Project:

Agency Requesting Project:

Agency Contact Person:

Mailing Address:

Contact Phone: Contact Fax:

Contact Email:

**Project Architect**:

Firm Name:

Architect Address:

Phone: Fax:

Email:

**General Contractor:**

Firm Name:

Address:

Contact Person:

Contact Phone: Contact Fax:

Contact Email:

Estimated date plans will be available for distribution:

Estimated date for first advertisement:

Estimated bid opening date:

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Project Name:

Construction cost estimate (including mechanical, plumbing, and electrical): $

 Mechanical cost estimate: $

 Plumbing cost estimate: $

 Electrical cost estimate: $