

Town of Pahrump
400 N. Highway 160
Pahrump, NV 89060
Phone 775 727-5107
Fax 775 727-0345

For Official Use Only

B/L # _____

C/R# _____

Date Entered _____

Start Date _____

By _____

Reviewed _____

CHANGE FORM

Change: Physical Address Mailing Address Phone Contact

Type of Business: Circle One

C=Contractor H=Handyman R=Retail E= Exempt
S=Service W=Wholesale N=Non-Profit

Type of Ownership: Circle One

S=Sole C=Corporation
P=Partnership L=Limited Liability__

Business Information

Business Name _____ Telephone _____

Corporation _____ FEIN/TIN _____

Business Contact Person _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail _____ Fax _____

Business Description: _____ **SIC** _____

Will any customers/clients or employees ever be present at your business location? Yes ___ No ___

Special License/Registration Requirements:

Employees _____

Agency: _____ Lic # _____ Exp _____

Authorized Representative: Circle one-OWNER---OFFICER---MEMBER/MANAGER---PARTNER

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

SSN _____ ID _____

Subscribed and sworn before me on this

_____ day _____ 20____

Authorized Representative/Applicant

Notary Public or Business License Employee

BLformAPP2004p1(rev2006.05.04)

_____ Rec'd Pahrump Fire Inspection Receipt

_____ Rec'd Approved Business License Review Application for the Pahrump
Regional Planning District

PAHRUMP VALLEY FIRE RESCUE
 FIRE INSPECTIONS
 300 N HIGHWAY 160
 PAHRUMP, NV 89060
 (775) 751-4000

CERTIFICATE OF OCCUPANCY/LIFE SAFETY
 INSPECTION APPLICATION

Contact/Owner: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Alternate Phone: _____

Type of Business: _____

List Chemicals Stored & Quantity: _____

Please send completed form with correct fee to 400 N Highway 160, Pahrump, NV 89060.

- FEES: \$50.00 = Certificate of Occupancy (initial fee for new business or change of ownership)
- 50.00 = Life Safety Inspection (annually after initial inspection)
- 50.00 = Hazardous Materials (annually, if applicable)
- 10.00 = Temporary Permit (covers special events)
- 50.00 = Re-inspections (determined by Inspector)

DATE	INITIALS	COMPLETED
APP SUBMITTED _____		Y / N
FEE PAID _____		Y / N
CASH ___ CK # _____ CREDIT CARD _____		

DO NOT WRITE BELOW THIS LINE FOR INSPECTORS USE ONLY

1st INSPECTION _____ Y / N

2nd INSPECTION _____ Y / N

OCCUPANCY _____ Y / N
 Cert # _____

LIFE SAFETY _____ Y / N
 No. _____

Multi-Purpose Counter Application

Nye County Planning Department
Pahrump Regional Planning District



Form PLNG-APP1-01.2010

BELOW FOR INTERNAL USE ONLY	<input checked="" type="checkbox"/>	PART A: GENERAL INFORMATION...	
CASE NO.:		FOR THE APPLICANT (Property Owner, Business Owner or Authorized Tenant)	
Date Rec'd:	Time Rec'd:	Applicant Name:	
Fee:	Receipt No.:	Mailing Address:	
Received By:		Suite No.:	
		City:	
		State:	
		Zip Code:	
REQUIRED FOR ALL APPLICATIONS: <input type="checkbox"/> Completed Application <input type="checkbox"/> Application Fee (on Side Two [2]) <input type="checkbox"/> Proof of Ownership (Deed, Sale Contract) <input type="checkbox"/> Latest Assessor's Parcel Map ADDITIONAL ITEM REQUIREMENTS ON REVERSE SIDE OF FORM (SIDE TWO [2]) TECHNICAL REVIEW PLNG1 <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____ PLNG2 <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____ PLGIS <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____ CODES <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____ FLOOD <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____ DCTRL <input type="checkbox"/> APPD <input type="checkbox"/> DEN Y INT _____		Primary Contact Number	
		Secondary Contact Number	
		Type: ()	Type: ()
		E-Mail Address:	
FOR THE AGENT (Authorized Representative for the Applicant)			
Company Name:			
Name of Contact:			
Mailing Address:		Suite No.:	
City:		State:	
		Zip Code:	
Primary Contact Number		Secondary Contact Number	
Type: ()	Type: ()		
E-Mail Address:			

<input checked="" type="checkbox"/>	PART B: PROPERTY INFORMATION				
APN:	Site Location:		SITE WATER SOURCE:		
Locational Reference:			<input type="checkbox"/> Public Water <input type="checkbox"/> Residential Well <input type="checkbox"/> Commercial Well # _____		
Legal Description/ Subdivision:			SITE WASTEWATER PROVISIONS:		
Unit No.:	Block No.:	Lot No.:	Acreage:	Zoning:	<input type="checkbox"/> Public Sewer <input type="checkbox"/> Residential Septic <input type="checkbox"/> Commercial Septic # _____
Property Owner Name (If Different from Applicant):					E-mail Address:
Primary Contact Number		Secondary Contact Number			
Type: ()	Type: ()	Type: ()	Type: ()		
(I, We) the undersigned swear, under penalty of law, that (I am, we are) qualified to initiate this application under Nye County Code; that the information on this application, and any associated attachments, are completely true and accurate to the best of (my, our) knowledge and belief. (I, We) understand that any false or misleading information contained hereon may cause all permits to be revoked. (I, We) also authorized the Nye County Planning Department, and its designee, to enter the premises to gather or verify information relative to this application.					
Signature of Applicant or Property Owner			Printed Name of Applicant or Property Owner		
State of _____					
County of _____					
This Instrument was acknowledged before me on _____					
by _____					
Notary Signature					

	PART C: BUSINESS LICENSE REVIEW \$10.00 Application Fee	ADDITIONAL ITEMS REQUIRED: <input type="checkbox"/> Intent to Serve Letter —OR— Proof of Commercial Water/Septic <input type="checkbox"/> Applicant's signature, no notarization required
Name of Business: Description of Business: Previous Business At this location:	Y <input type="checkbox"/> N <input type="checkbox"/> Is this application for a HOME OCCUPATION? WILL THE HOME OCCUPATION: Y <input type="checkbox"/> N <input type="checkbox"/> Be located in a portion of the home? Y <input type="checkbox"/> N <input type="checkbox"/> Be located in an accessory building(s)? Y <input type="checkbox"/> N <input type="checkbox"/> Have customer visits on the premises? Y <input type="checkbox"/> N <input type="checkbox"/> Utilize business vehicles? Y <input type="checkbox"/> N <input type="checkbox"/> Employ other than on-premise residents? Y <input type="checkbox"/> N <input type="checkbox"/> Manufacture goods on the premises? Y <input type="checkbox"/> N <input type="checkbox"/> Utilize on-premise signage? Y <input type="checkbox"/> N <input type="checkbox"/> Require on-site deliveries or outdoor activity?	

	PART D: ZONING REVIEW \$10.00 Application Fee <input type="checkbox"/> New Construction <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> New Mobile/Manufactured Home (MH)	ADDITIONAL ITEMS REQUIRED: <input type="checkbox"/> One (1) site plan, drawn to scale on 8-1/2" by 11" or 11" by 17" paper <input type="checkbox"/> Intent to Serve Letter —OR— Proof of Commercial Water/Septic <input type="checkbox"/> One (1) completed Flood Damage Prevention Application/Permit <input type="checkbox"/> Notarized signature of current property owner of record on application																			
Proposed Development: Existing Site Conditions: Description of Manufactured Home:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Building Area:</td> <td colspan="3" style="text-align: center;">BUILDING SETBACKS (FT)</td> </tr> <tr> <td>Building Height:</td> <td style="width:20%;">Front:</td> <td style="width:20%;">Street-Side/Side:</td> <td style="width:30%;"></td> </tr> <tr> <td>No. of Stories:</td> <td>Rear:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> </tr> <tr> <td>Area of Disturbance:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> </tr> <tr> <td>Distance Between Buildings:</td> <td colspan="3"></td> </tr> </table>	Building Area:	BUILDING SETBACKS (FT)			Building Height:	Front:	Street-Side/Side:		No. of Stories:	Rear:	Street-Side/Side:	Street-Side/Side:	Area of Disturbance:	Street-Side/Side:	Street-Side/Side:	Street-Side/Side:	Distance Between Buildings:			
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Distance Between Buildings:																					

	PART E: TEMPORARY USE PERMIT \$30.00 Application Fee, Initial Application \$10.00 Application Fee, Renewal	ADDITIONAL ITEMS REQUIRED: <input type="checkbox"/> One (1) site plan, drawn to scale on 8-1/2" by 11" or 11" by 17" paper <input type="checkbox"/> One (1) Justification Letter <input type="checkbox"/> Intent to Serve Letter —OR— Proof of Commercial Water/Septic <input type="checkbox"/> Notarized signature of current property owner of record on application																
REASON FOR PERMIT: <input type="checkbox"/> New Residence <input type="checkbox"/> Watchman's Quarters <input type="checkbox"/> New Commercial Construction <input type="checkbox"/> Medical Hardship <input type="checkbox"/> Farming/Ranching	TYPE OF PERMIT: <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> Commercial Coach <input type="checkbox"/> Recreational Vehicle	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Building Area:</td> <td colspan="3" style="text-align: center;">BUILDING SETBACKS (FT)</td> </tr> <tr> <td>Area of Disturbance:</td> <td style="width:20%;">Front:</td> <td style="width:20%;">Street-Side/Side:</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td>Rear:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> </tr> <tr> <td>Distance Between Buildings:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> <td>Street-Side/Side:</td> </tr> </table>	Building Area:	BUILDING SETBACKS (FT)			Area of Disturbance:	Front:	Street-Side/Side:			Rear:	Street-Side/Side:	Street-Side/Side:	Distance Between Buildings:	Street-Side/Side:	Street-Side/Side:	Street-Side/Side:
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Print Form