



Churchill County 3 X E R U3NOVD Q=QR LQQL JQ J Department
 155 N. Taylor Street
 Suite 1
 Fallon, NV 89406

GRADING PERMIT APPLICATION

THE GRADING PERMIT SUBMITTAL APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE AND CONTAINS ALL THE REQUIRED INFORMATION. PLEASE CHECK OR FILL IN THE BLANK THAT APPLIES TO YOU AND/OR YOUR PROJECT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (775) 2 . PLEASE PRINT CLEARLY USING PERMANENT INK.

PURPOSE: TO PROTECT PUBLIC HEALTH, SAFETY, AND WELFARE AND TO PROTECT ADJACENT PROPERTIES BY REGULATING GRADING ON PRIVATE PROPERTY.		
PROJECT DESCRIPTION: _____ _____ TOTAL CUBIC YARDS TO BE MOVED: _____		
PERMIT TO BE ISSUED TO: PROPERTY OWNER: _____ APPLICANT: _____ OTHER: _____		
CONTACT PERSON:	PHONE NO.:	
PROPERTY OWNER:		
COMPANY:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NO.:	CELL NO.:	FAX NO.:
ENGINEERING FIRM:		
CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NO.:	CELL NO.:	FAX NO.:
INSPECTION FIRM:		
CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NO.:	CELL NO.:	FAX NO.:
GENERAL CONTRACTOR:		
CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NO.:	CELL PH.:	FAX NO.:
NV LICENSE NUMBER:	CLASSIFICATION:	LIMIT:



Churchill County Public Works, Planning & Zoning Department
 155 N. Taylor Street
 Suite 194
 Fallon, NV 89406
GRADING PERMIT SUBMITTAL APPLICATION

GRADING CONTRACTOR:		
CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NO.:	CELL PH.:	FAX NO.:
NV LICENSE NUMBER:	CLASSIFICATION:	LIMIT:

PROJECT NAME:		
PROJECT LOCATION (Street Address):		
ASSESSOR'S PARCEL NUMBER(S):		
PLEASE PROVIDE ALL OF THE FOLLOWING THAT APPLY:		
<input type="checkbox"/> COPY OF DRAINAGE STUDY	<input type="checkbox"/> COPY OF GEOTECHNICAL INVESTIGATION	
<input type="checkbox"/> 1 SET OF IMPROVEMENT PLANS AND GRADING PLAN	<input type="checkbox"/> COPY OF NDOT PERMITS, SWPP, SAD, & TCID APPROVAL (IF APPLICABLE)	
1998 FLOOD ZONE DESIGNATION (CHECK) <input type="checkbox"/> A <input type="checkbox"/> AE <input type="checkbox"/> AH <input type="checkbox"/> AO <input type="checkbox"/> X	AND	MAP NO. & PHOTO COPY

 APPLICANT SIGNATURE

 DATE:

OFFICE USE ONLY	
FILING DATE:	GRADING PLAN REVIEW FEE: \$
APPLICATION NO.:	GRADING PERMIT DUE: \$
PLANS REVIEWED BY:	TOTAL BALANCE DUE: \$