



**City of Sparks**  
**CityWorks Building Division**  
 1675 East Prater Way Suite 107  
 Sparks, Nv 89434  
 (Phone) 775 353-2306  
 (Fax) 775 353-2470

Permit # \_\_\_\_\_

**RESIDENTIAL/COMMERCIAL WITHOUT PLAN REVIEW APPLICATION**

*This application is to be used for minor electrical, mechanical and plumbing permits. You may fax the completed document to 775-353-2470 or email to [PermitServices@CityofSparks.us](mailto:PermitServices@CityofSparks.us) Incomplete applications cannot be processed.*

**Job Information**

**Address:**

**Contract Amount (see IBC 108.3):**

**Contractor Information**

**Name:**

**Address:**

**City, State Zip:**

**NV License Number:** \_\_\_\_\_ **Sparks License Number:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Owner Information**

**Name:**

**Address (if different from job address)**

**Home Phone:** \_\_\_\_\_ **Cell phone** \_\_\_\_\_

<b>HVAC Installations</b> <input type="checkbox"/> Change-Out <input type="checkbox"/> New <input type="checkbox"/> Electric unit to gas <input type="checkbox"/> Oil to Gas <input type="checkbox"/> A/C H/P (____tons)	<b>Water Heater</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Gas to Electric <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate	<b>Minor Electrical &amp; Plumbing</b> <input type="checkbox"/> Electrical Service Change _____ (#) of Amps <input type="checkbox"/> New Electric Circuits <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Add/Replace ____ft	<b>Re-Roof &amp; Siding</b> <input type="checkbox"/> Tear off <input type="checkbox"/> Recover-MAX 2 layers <input type="checkbox"/> Composition ____yr <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/> Indicate other _____
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**Complete description of work if other than noted above:** \_\_\_\_\_

**I understand that this application does not guarantee permit issuance nor allow work to commence. I certify that I have the authority and authorization of the property owner to obtain this permit.**

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*\*PROMPT PERMIT AUTHORIZATION\*\*\*\*\***

Yes, please use credit card payment authorization on file.

I hereby certify that this permit application is accurate, and does not violate applicable ordinances, rules or regulations of the City of Sparks. I assume full responsibility for compliance with the adopted Building Codes (I.B.C) and all other applicable Sparks Ordinances. I agree to abide by all conditions printed on the permit card and understand that my signature below is being accepted by the City of Sparks in lieu of my signature on the permit card.

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*