Pro	oject Name:	4701 Comm	L West Russell Road, Las ercial Pool/ James G Werner Hellmer, P.E., Deputy D		2) 455-3000 ~ Application hty Director	APPLICATION NO.:
		Property Owner Email:				
		Tenant Email:				
		CITIZEN ACCESS CONTACT INFORMATION				
Name: Company Name:						
Mailing Address:						
City	y:		State/Zip:		Phone:	
			Contact ID:			
Applicant Signature:						
DESCRIPTION OF WORK						
_	CONTRACTOR NAME:	CLASS:		nder the provisions of N.R.S MULTI JURISD. - BUSINESS LIC.#: PHONE #:	YES NC	WITH APPLICATION: STANDARD CALCULATIONS SUBMITTED: STANDARD
	QUARE FOOTAGE OF	DECKING: POOL/SPA ARE <u>A:</u>		Valuation: Total Permit Bldg Plan Re Zoning Plan	: Fee: \$ eview Fee: \$ Review Fee: \$ : \$	
Issued By: Date:					TOTAL FEE: \$	44/00/000