

All permits are required to be applied for online
dsconline.cityofhenderson.com



Vehicle Access Gate Application

Project Address (Required): _____ **Lot/Suite #** _____
(Street Number & Name and/or Parcel Number)

Tenant or Project Name: _____

Reference Building Permit Number (if applicable): _____

OT Review <input type="checkbox"/> Requested

Contact Information (email and phone are required information):

Section 1	Applicant/Contact Information		Contractor Information	
	Company Name:		Company Name:	
	Individual Name:		Name of Qualified Individual:	
	Address:		NV State Contractor License #:	
	City/State/Zip:		NV State Fire Marshal's License #:	
	Email:		Address:	
	Phone:		City/State/Zip:	
			Email:	
			Phone:	

Section 2	Civil Permit Number (if applicable): _____
	Assessor's Parcel Number: _____
	<input type="checkbox"/> Automatic Gate
	<input type="checkbox"/> Manual Gate
	Scope of Work: