



**City of Elko**

**Building Department**

**1753 College Avenue**

**Elko, Nevada 89801**

(775) 777-7220 fax (775) 777-7229

**Structure Placement Certification**

**One Certification for Each Address**

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

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

**Address** \_\_\_\_\_

I hereby acknowledge that I have reviewed the approved plans and have observed the site conditions at the time of the excavation for footings, and attest that the site layout and the structure placement conforms to the most current City of Elko approved site plan, as applicable.

**Developer/Contractor**

Signature \_\_\_\_\_ License # \_\_\_\_\_

Print Name as stated above \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

*A Nevada Registered Engineer Firm, when applicable must complete this section.*

I hereby acknowledge that I have reviewed the approved plans and have observed the site conditions at the time of the excavation for footings, and attest that the site layout and the structure placement conforms to the most current City of Elko approved site plan, as applicable.

Engineering  
Company Name \_\_\_\_\_

Affix, Seal, Sign and Date

**Return completed certification to the Building Inspector for your project.**