Online UST Construction Permit Application Submittal Instructions



1. OPEN YOUR INTERNET BROWSER AND IN THE ADDRESS BAR TYPE ONENV.US

<u>CREATE AN ACCELA CITIZEN ACCESS ACCOUNT</u> <mark>SKIP TO STEP 16 IF YOU ALREADY HAVE AN ACCOUNT</mark>





ogin Information 5	. FILL OUT THE INFORMATION BELOW
nter you <mark>r U</mark> ser Name and Password. N	You must also enter a unique email addres
User Name:	0
E-mail Address:	
Password:	0
Type Password Again:	
Enter Security Question:	0
Answer:	()
Contact Information Choose how to fill in your contact inform 6. CLICK	ation. ADD NEW



OWNERSHIP CATEGORY

CORPORATION - ORGANIZATION PARTNERSHIP - ORGANIZATION LLC - ORGANIZATION INDIVIDUAL - INDIVIDUAL

Contact Informatio	8. FILL OUT THE IN	NFORMATION BELOW
Individual/Organization:	PLEASE INCLUD	E YOUR PHONE NUMBER
Organization 🔹		
Name of Business:		Work Phone:
DBA/Trade Name:		Mobile Phone:
*E-mail:		*Preferred Contact Method:
		Select
Contact Addresses Add Contact Address To add a new contact address, click 'A needed.	9. CLICK ON AD	D CONTACT ADDRESS
Showing 0-0 of 0		
Address Type	Address	Action
No records found.		
Continue Clear Disca	rd Changes	

Contact Address	Information	10. FILL OUT THE E	BELOW INFORMATION
*Address Type:	*Address Lin	e 1:	
Select Business Mailing	Address Line	2:	
	Address Line	3:	
11. WHEN FINISHED W	ITH *City:	*State:	*ZIP Code:

*Country/Region:

Clear

United States

Save and Add Another

--Select

Discard Changes

•

ADDING THE ADDRESSES,

CLICK SAVE AND CLOSE

Save and Close

Urgenization	
organization	
Name of Business:	Work Phone:
DBA/Trade Name:	Mobile Phone:
-mail	*Preferred Contact Method:
L mar.	fiction of optimication.
Contact Addresses	Select
Contact Addresses Add Contact Address To add a new contact address, click 'Add Contact Addr needed. Showing (12. CLICK CONTINUE	ess'. To edit or remove a contact address, click 'Ad
Contact Addresses Add Contact Address To add a new contact address, click 'Add Contact Addr needed. Showing 12. CLICK CONTINUE Address type Address	ess'. To edit or remove a contact address, click 'Ad

dd Co	ontact Address		
dd a ne ded. owing 1	w contact address, click 'Add 13. VERIFY INFORMATIO -1 of 1	d Contact Address'. T DN	0 (
	Address Type	Address	
_	Mailing	1001 E 9TH ST	
	14. IF INFORMATION IS	CORRECT, CLICK CO	ONTINUE REGISTRATION
ontinu	e Registration »		

Your account has been created successfully. You can login immediately using your User Name and Password

Congratulations. You have successfully registered an account.

15. YOU SHOULD SEE THIS NOTIFICATION

s, Washoe &	Douglas County
	16. CLICK LOGIN
Login User Name or E-mail:	
Password:	17. LOGIN WITH YOUR USER NAME AND PASSWORD YOU CREATED
Login »	
Remember me on this computer I've forgotten my password New Users: Register for an Account	



CONTINUED ON NEXT PAGE

*Street No.:	Direction: Select	Street Name: Street Type: Select
Unit Type: Select	23. <u>ONLY</u> F	FILL IN THE STREET NO. AND STREET NAME
City:	State: Select	*Zip:
Search	lear 2	24. CLICK SEARCH
Parcel		
*Parcel Number	PARCE	EL NUMBER NOT REQUIRED
Lot:	Block:	Subdivision: Select
Book:	Page:	
Tract:		1 Legal Description:
Parcel Area:		
Land Value:	Improved V	Value: Exemption Value:
Search C	lear	
Course la Co		25. CLICK CONTINUE APPLICATION
Search	lear	

Continue Application »

26. ADD CONTAC	rs
Step 2:Con	tacts > Page 1
Applicant	APPLICANT SHOULD BE THE INDIVIDUAL THAT IS APPLYING
To add new contact	ts, click the Select from Account or Add New button. To edit a contact, click the Edit link.
Select from	Account Add New Look Up
Facility Ow	FACILITY OWNER SHOULD BE THE FACILITY NAME AND THE ADDRESS SHOULD BE THE PHYSICAL ADDRESS WHERE THE UST IS LOCATED
To add new contac	ts, click the Select from Account or Add New button. To edit a contact, click the Edit link.
Select from	Account Add New Look Up
Continue Ap	oplication »
27. CLICK CONTI	NUE APPLICATION

CONTINUED ON NEXT PAGE

CHD ID BOX BLANK
CHD ID BOX BLANK
CHD ID BOX BLANK
D/YYYY
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32. THERE SHOULD BE A CONFIRMATION THAT YOU SUCCESSFULLY SUBMITTED YOUR APPLICATION

Confirmation								
commation		•						
Your Please	application(s) and/o e print your record	or complaint(s) has been successf (s) and retain a copy for your reco	ully submitted. rds.					
7								_
33. <u>ONCE</u> <u>THE P</u>	THE APPLICA	ATION IS REVIEWED, AI ARE READY TO BE PAID	<u>N EMAIL WILI</u> 2	<u>. BE SENT</u>	NOTIFYIN	<u>G THE AP</u>	PLICANT	5
34. TO P/	AY, LOGIN TO) YOUR ACA ACCOUNT	AND CLICK O	N MY REC	ORDS ON	THE HON	1E TAB	
Home Bui	lding Busines	s Licensing Enforcement	Engineering	Fire Hea	lth District	Planning	Pre Planning	m
Dashboard	My Reco	My Account	Advanced Sear	ch 🗸				
_								_
Enf 35	. UNDER H	EALTH DISTRICT, CLICK	PAY FEES DU	IE NEXT TO	O THE PER	MIT YOU	APPLIED FOR	ł
Health	District							
Showing 1-10 c	of 36 Download res	ults Add to collection Add to cart						
Date	H22-0006USTC	Record Type Underground Storage Tank Construction (New Installation/Remodel/Upgrade)	Description	Project Na	ime Expirat	ion Date Stat	Pay Fe	ees Di
Total amo Note: This do	ount to 36.		be assessed later. Pa	yments of \$100	,000 or more o	cannot be mad	e online at this	
time. Please try again. Fai	call the juristiction ilure to do to may r	below to complete payment. If yo esult in multiple payments being m	u receive any error, nade. Please call the	or your paymer jurisdiction of t	t does not go he record you	through on the are trying to pa	first try, DO NOT ay for and they will	

Checkout »

Edit Cart »

Continue Shopping »

		Review and Pay		
Agency	Record ID	Туре	Description	Amount
WASHOE_HEALTH	H22-0007USTC	Health/Underground Storage Tank/Construction/Permit		\$4,443.00
				Subtotal \$4,443.00
		37. CLICK PAYMENT TYPE: ECHECK OR C	REDIT CARD	
	\$4	443.00 + Choose a Paymer	nt Type	
	ECheck	or	Credit Card	

Contact Details 38.	FILL OUT THE REQUIRI	ED INFORMATION	
First Name*	Last I	Name*	
4	4		
Email*		Phone	
asantos@washoecounty.us		L	
for a copy of your receipt		ex. (123) 4	56-7890
Address Line 1*		Address Line 2	
9		0	
City*	State*		Zip*
•	•		Q
Credit Card Number*	Expir	ation Date*	ccv*
Credit Card Number*	Expir	ation Date*	CCV*
39. CHECK TH	E BOX IF YOU AGREE V	VITH THE STATEMEI	NT .999
Name On Card*		Zip / Postal*	
4	0. CLICK PAY NOW	Ŷ	
] I understand and accept that my C	redit Car will be individually charg	ged for each line item above a	and I may incur a non-refundable convenience fee.
	Pay \$4443.00 Now		Cancel
	ITTAL IS COMPLETE		