



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

Annual Operational Fire Permit

Website: <http://www.clarkcountynv.gov/building/fire-prevention>

Email: FireAnnualOps@ClarkCountyNV.gov

Fee Payment: Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. Please note escalating fees may apply upon completion of review. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate application forms.

Submittal Date: _____ **Pay by:** Cash Check Credit Card Escrow Account #: _____

Service Delivery requested: 0/1 Service based on staff availability Note: Discounts may apply for 1st correction submittal.

- 20 business-day (1x escalated fee, \$90 due at submittal)
- 10 business-day (2x escalated fee, \$180 due at submittal)
- 3 business-day (3x escalated fee, \$270 due at submittal)
- 0/1 business-day (5x escalated fee, \$450 due at submittal)

(Required) Are you a Nevada licensed Contractor? Yes No
License #: _____

Clark County or Multi-Jurisdictional Business License # _____

(Check one box for desired permit)

<input type="checkbox"/> Aerosol Product	<input type="checkbox"/> Flam/Comb Liquids Storage/Use <i>(Includes: Aboveground Tanks and Components, Cabinets, Diesel Generators, Drums Safety Cans, etc.)</i>	<input type="checkbox"/> Motor Vehicle Fuel Dispensing Station	
<input type="checkbox"/> Aircraft Refueling Vehicle		<input type="checkbox"/> Open Flames and Candles	
<input type="checkbox"/> Aircraft Repair Hangar		<input type="checkbox"/> Organic Coatings Mfg.	
<input type="checkbox"/> Energy Storage System		Places of Assembly	
<input type="checkbox"/> Cellulose Nitrate/Pyroxylin Plastics	<input type="checkbox"/> Floor Finishing	<input type="checkbox"/> Full Facility _____ SF	<input type="checkbox"/> Single Venue _____ SF
<input type="checkbox"/> Combustible Dust-Producing	<input type="checkbox"/> Fruit Ripening	<input type="checkbox"/> Proprietary Self Monitor	
<input type="checkbox"/> Combustible Fibers Storage	<input type="checkbox"/> Fumigation	<input type="checkbox"/> Radioactive Materials	
<input type="checkbox"/> Combustible Misc. Materials Storage	<input type="checkbox"/> Hazardous Materials or Facilities	<input type="checkbox"/> Refrigeration Equipment	
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Heliports, Helistops, and Emergency Landing Pads	<input type="checkbox"/> Repair Garage	
<input type="checkbox"/> Covered Mall Kiosk	<input type="checkbox"/> High-Piled Combustible Storage	<input type="checkbox"/> Spraying and Dipping	
<input type="checkbox"/> Cryogen Fluids <i>(includes fog effects)</i>	<input type="checkbox"/> Hot-Works <i>(fixed, mobile, or combo)</i>	<input type="checkbox"/> Tire Rebuilding Plants	
<input type="checkbox"/> Dry Cleaning Plants	<input type="checkbox"/> Industrial Ovens-Baking/Drying	<input type="checkbox"/> Tire Storage	
<input type="checkbox"/> Emergency Response Radio Coverage	<input type="checkbox"/> Liquefied Petroleum Gas, Commercial	<input type="checkbox"/> Tires (scrap)/Byproducts Storage	
Explosives		<input type="checkbox"/> Waste Handling	
<input type="checkbox"/> Explosive Materials Storage/Use	<input type="checkbox"/> Liquid/Gas Fueled Vehicle/Equip Assembly	<input type="checkbox"/> Wood/Plastic Pallet Storage	
<input type="checkbox"/> Fireworks Mfg – Storage/Use	<input type="checkbox"/> Lumber Yard/Woodworking Plants	<input type="checkbox"/> Wood Products	
<input type="checkbox"/> Filming	<input type="checkbox"/> Magnesium Working	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Fireworks/Pyro-Proximate In/Outdoors	<input type="checkbox"/> Mobile Food Preparation Vehicle		
<input type="checkbox"/> Flame Effects	<input type="checkbox"/> Mobile Fueling Vehicle		

(Annual operational permit type not listed)

PERMIT INFORMATION

Plans: New Revision Correction Renewal only

Application # *(If applicable)*: _____

Note: If plan is a revision, or a correction, then the original application number must be provided.

Assessor Parcel Number (APN): _____

Address to be permitted: _____ Bldg.-Suite #: _____

Business/Company Name to be permitted (DBA) : _____

Business/Company Phone #: _____ Fax #: _____

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

RENEWAL CONTACT INFORMATION *(To whom and where the renewal notice will be e-mailed or mailed)*

Contact Person/Dept.: _____

Billing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Contact Email Address: (preferably a shared email) _____

Company Phone #: _____ Ext #: _____ Cell #: _____

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Applicant Phone #: _____ Ext #: _____ Fax #: _____

Applicant Email Address: _____

Applicant Name and Title

Applicant Signature