



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

Construction Fire Permit

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

Email: FireIntake@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.*

FFPR Review or Technical Opinion: 20 business-day (1x escalated fee, \$180 due at submittal) 3 business-day (3x escalated fee, \$540 due at submittal)
 10 business-day (2x escalated fee, \$360 due at submittal) 0/1 business-day (5x escalated fee, \$900 due at submittal)

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

Code Enforcement Case No.: (If applicable) _____

Building Permit No.: (If applicable) _____

(Check one box for desired permit/review)

Fire Suppression and Extinguishing Systems	Fire Alarm and Detection Systems, Related Equip and Dedicated Function Systems	Fire Protection Reports/other Reviews
<input type="checkbox"/> Automatic Water Sprinkler	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Smoke Exhaust System Control Panel	<input type="checkbox"/> Facility, Alt Means/Method, TCO
<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Video Detection Device Count _____	<input type="checkbox"/> Technical Opinion and Report
<input type="checkbox"/> Dry Chemical		<input type="checkbox"/> Emergency Planning and Preparedness
<input type="checkbox"/> Foam		<input type="checkbox"/> Customer-requested Review
<input type="checkbox"/> Foam-Water Sprinkler		<input type="checkbox"/> Letter of Agreement/Other Review
<input type="checkbox"/> Heliports, Helistops, and Emergency Landing Pads	Other Equipment /Systems	Other Construction
<input type="checkbox"/> Water Monitor	<input type="checkbox"/> Fire Pump and Related Equipment	<input type="checkbox"/> Fire Apparatus Access Road
<input type="checkbox"/> Wet Chemical Sprinkler Count _____ Nozzle Count _____ Device Count _____	<input type="checkbox"/> Standpipe System	<input type="checkbox"/> Med-Gas System
	<input type="checkbox"/> Water Tank (Used for supply of fire protection systems)	<input type="checkbox"/> Fire Hydrants and Assoc Supply Piping: Hydrant Count _____
		<input type="checkbox"/> Two-Way Communication System Call-Box Count: _____
		<input type="checkbox"/> Underground Storage Tank and Assoc. Components; Gallons _____ (includes: Install, removal, abandonment or repair)

PERMIT INFORMATION

Plans: New Revision Correction Application # (If applicable): _____

Note: The original application number must be provided if this plan submittal is a revision or a correction.

Assessor Parcel Number (APN): _____ ** CCSD Property/Project: Yes No

Property/Venue Address: _____ Bldg.-Suite#: _____

Major Property/Venue Name: _____
(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____
(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

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

Applicant Email Address: _____

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

Applicant Name and Title

Applicant Signature