



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

Fire Permit by Inspection - Application

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. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate application forms.

Fire Inspection: Inspections performed outside normal business days/hours for Temporary Operational Fire Permits will incur Overtime and/or Same Day fees and will be billed separately.

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

Service Delivery:

FEPI Range 1: (0 - 14,999 SF)	<input type="checkbox"/> 10 business-day (1x escalated fee, \$90 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$270 due at submittal)
	<input type="checkbox"/> 5 business-day (2x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$450 due at submittal)

FEPI Range 2: (15,000 – 74,999 SF)	<input type="checkbox"/> 10 business-day (1x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$540 due at submittal)
	<input type="checkbox"/> 5 business-day (2x escalated fee, \$360 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$900 due at submittal)

FEPI Range 3: (75,000 - 149,999 SF)	<input type="checkbox"/> 20 business-day (1x escalated fee \$270 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$810 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$540 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$1,350 due at submittal)

FEPI Range 4: (150,000 SF and greater)	<input type="checkbox"/> 20 business-day (1x escalated fee \$360 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$1,080 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$720 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$1,800 due at submittal)

FVPI:	<input type="checkbox"/> 20 business-day (1x escalated fee \$90 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$270 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$450 due at submittal)

(Check one box for desired permit)

<input type="checkbox"/> Exhibit and Trade Shows SF: _____ <i>Temporary Assembly of up to 1,200 persons and occupant load less than or equal to 60% of exit capacity.</i>	<input type="checkbox"/> Liquid/Gas Vehicle/Equip Assembly <i>Temporary Display of up to 5 vehicles in an assembly area.</i>
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PERMIT INFORMATION

Plans: New Revision

Application # (If applicable): _____

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

Assessor Parcel Number (APN): _____

Venue Address: _____ Bldg-Suite#: _____

Name of Venue: _____

Exact Location within Venue: _____
(i.e.: Name of ballroom, hall or parking lot location)

Name of Event: _____

Event Move-In Date: _____ Event Move-Out Date: _____

***** Date & Time Event Will Be Set Up For Inspection: _____ AM PM *****

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

***** Normal business hours are 8:00 AM to 4:00 PM, Monday through Friday, excluding holidays. *****

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: _____

Applicant Name and Title

Applicant Signature