CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

Next Day or Express Fire Review Service

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. <u>Please note escalating fees may apply upon completion of review.</u> 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, all plan types) *   ☐ 3 business-day (3x escalated fee, $270 due at submittal, Express plan types) *

☐ Next Day/Express (fixed $180 due at submittal for all plan types)   ☐ 0/1 business-day (5x escalated fee, $450 due at submittal, Express plan types) *

Code Enforcement Case No.: *(If applicable)* _____   **Building Permit No.:** *(If applicable)* _____

(Check one box for desired permit)

Next Day *(In by noon – out by noon next business day)*	**Express** *(5 business days)*
☐ Automatic Emergency Vehicle Access Gates	☐ Automatic Sprinkler TI – Alter Existing System
☐ Manual Emergency Vehicle Access Gates	• *(50 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)*
☐ Automatic Sprinkler TI – Alter Existing System	• *13-D systems*
(20 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)	☐ Fire Alarm TI – Alter Existing System
☐ Automatic Sprinkler System Design – Flow Test	*(10 peripheral fire alarm devices or less)*
☐ Automatic Sprinkler In-Building Riser	☐ Liquefied Petroleum Gases, Residential
☐ Automatic Sprinkler Monitoring System	☐ Wet Chemical
☐ Elevator Recall	*(6 total nozzles or less for the system)*
☐ Fire Alarm Monitoring System	**Small Revision/Resubmittal**
☐ Fire Hydrant Bond Release **	**Fire spinkler heads, fire alarm devices, kitchen system nozzles only**
☐ Underground Fire Service Main – Install **	*(4 devices or fewer, less than 10 feet movement, no change in calculations, 2 plan sheets maximum)*
(hydrants and/or related components)	☐ Automatic Water Sprinkler
☐ Underground Fire Service Main – Mylar Signature **	☐ Fire Alarm
	☐ Wet Chemical

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 Project/Property: 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)

APPLICATION 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*