**Over-the-Counter Fire Review Service – Letter for Emergency Repair, Like for Like Replacement, or Demolition of Existing System**

Website: [http://www.clarkcountynv.gov/building/fire-prevention](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:

☐ Over-the-Counter (2x escalated fee, $180 due at submittal, all plan types)  
☐ 20 business-day (1x escalated fee, $90 due at submittal, all plan types)

---

### Code Enforcement Case No.: (If applicable)

---

### Building Permit No.: (If applicable)

---

### (Check one box for desired permit)

<table>
<thead>
<tr>
<th>Fire Suppression and Extinguishing Systems</th>
<th>Fire Alarm and Detection Systems, Related Equip and Dedicated Function Systems</th>
<th>Other Construction</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Automatic Water Sprinkler</td>
<td>☐ Automatic Sprinkler Monitoring</td>
<td>☐ Access Gates; Gate Count: ________</td>
</tr>
<tr>
<td>☐ Carbon Dioxide</td>
<td>☐ Elevator Recall</td>
<td>☐ Fire Hydrant and Associated Supply Piping **</td>
</tr>
<tr>
<td>☐ Clean Agent</td>
<td>☐ Fire Alarm Monitoring</td>
<td>☐ Med-Gas System</td>
</tr>
<tr>
<td>☐ Dry Chemical</td>
<td>☐ Fire Alarm</td>
<td>☐ Two-way Communication System</td>
</tr>
<tr>
<td>☐ Foam</td>
<td>☐ Smoke Control-Control Panel</td>
<td>☐ Underground Storage Tank and Associated Components (Includes: Removal, abandonment or repair)</td>
</tr>
<tr>
<td>☐ Foam-Water Sprinkler</td>
<td>☐ Smoke Removal-Control Panel</td>
<td></td>
</tr>
<tr>
<td>☐ Water Monitor</td>
<td>☐ Video Detection Device Count: ________</td>
<td></td>
</tr>
<tr>
<td>☐ Wet Chemical</td>
<td>☐ Fire Pump and Related Equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Standpipe System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Water Tank (Used for supply of fire protection systems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Suppression and Extinguishing Systems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Alarm Monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Alarm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Smoke Control-Control Panel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Smoke Removal-Control Panel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Video Detection Device Count: ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Pump and Related Equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Standpipe System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Water Tank (Used for supply of fire protection systems)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Carbon Dioxide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Elevator Recall</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Alarm Monitoring</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Alarm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Smoke Control-Control Panel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Smoke Removal-Control Panel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Video Detection Device Count: ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Fire Pump and Related Equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Standpipe System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Water Tank (Used for supply of fire protection systems)</td>
<td></td>
</tr>
</tbody>
</table>

---

### Code Enforcement Case No.: (If applicable)

---

### Building Permit No.: (If applicable)

---

### (Check one box for desired permit)

---

### Fire Suppression and Extinguishing Systems

- Automatic Water Sprinkler
- Carbon Dioxide
- Clean Agent
- Dry Chemical
- Foam
- Foam-Water Sprinkler
- Water Monitor
- Wet Chemical

**Sprinkler Count:** ____________  
**Nozzle Count:** ____________  
**Device Count:** ____________

---

### Fire Alarm and Detection Systems, Related Equip and Dedicated Function Systems

- Automatic Sprinkler Monitoring
- Elevator Recall
- Fire Alarm Monitoring
- Fire Alarm
- Smoke Control-Control Panel
- Smoke Removal-Control Panel
- Video Detection Device Count: ________

---

### Other Construction

- Access Gates; Gate Count: ________
- Fire Hydrant and Associated Supply Piping **
- Med-Gas System
- Two-way Communication System
- Underground Storage Tank and Associated Components (Includes: 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)

---

### 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 #: ____________________________

---

**Applicant Name and Title** ____________________________  
**Applicant Signature** ____________________________

05/01/16