



# CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

## 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>

Email: [FireIntake@ClarkCountyNV.gov](mailto: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)

Fire Suppression and Extinguishing Systems	Fire Alarm and Detection Systems, Related Equip and Dedicated Function Systems	Other Construction
<input type="checkbox"/> Automatic Water Sprinkler	<input type="checkbox"/> Automatic Sprinkler Monitoring	<input type="checkbox"/> Access Gates; Gate Count: _____
<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Elevator Recall	<input type="checkbox"/> Fire Hydrant and Associated ** Supply Piping
<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Fire Alarm Monitoring	<input type="checkbox"/> Med-Gas System
<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Two-way Communication System
<input type="checkbox"/> Foam	<input type="checkbox"/> Smoke Control-Control Panel	<input type="checkbox"/> Underground Storage Tank and Associated Components (Includes: Removal, abandonment or repair)
<input type="checkbox"/> Foam-Water Sprinkler	<input type="checkbox"/> Smoke Removal-Control Panel	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water Monitor	<input type="checkbox"/> Video Detection	_____
<input type="checkbox"/> Wet Chemical	Device Count: _____	(Provide description and App code if available)
Sprinkler Count: _____	<b>Other Equipment/Systems</b>	
Nozzle Count: _____	<input type="checkbox"/> Fire Pump and Related Equipment	
Device Count: _____	<input type="checkbox"/> Standpipe System	
	<input type="checkbox"/> Water Tank (Used for supply of fire protection systems)	

### 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 #: \_\_\_\_\_

Inspection Contact Email Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name and Title

\_\_\_\_\_  
Applicant Signature