



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 of Intent

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:

Over-the-Counter (2x escalating 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)

Kitchen Hood Wet Chemical System Intent Letter: This letter permits installation of kitchen hood wet chemical systems to commence, while serving as the intent to follow-up with a revision submittal of plans for plans check approval prior to any fire inspections occurring.

Fire Alarm TI/Remodel (4 devices maximum) Intent Letter: This letter permits installation of 4 fire alarm devices to commence and the initial rough electrical inspection to occur, while serving as the intent to submit as-built plans for approval prior to final fire inspections occurring.

Standard System Letter (check appropriate plan type): **Sprinkler** **Fire Alarm**

For tract/production home developments using standard model sprinkler plans, or for standard apartment/condominium buildings using standard fire sprinkler or fire alarm plans; systems for individual buildings are allowed to use a letter submittal. The letter is required to indicate the Fire Prevention permit number for the standard sprinkler plan, the address and APN for the specific building, the model/building number (labeled as shown on the standard sprinkler plan), whether the building is per standard plan or mirrored/flipped, the list of any design options used from the standard plan, and the number of sprinkler heads/devices installed.

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): _____

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