



# 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 – Plan

Website: <http://www.clarkcountynv.gov/building/fire-prevention>

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

**Fee payment:** \$180 minimum fee payment is due at time of submittal. For permit types marked with \*\* a \$270 minimum fee payment is due for submittals received 3-4 business days prior to Move-In Date, or \$450 minimum if received 0-2 business days prior to Move-In Date. For permit types marked with \*\*\* a \$270 minimum fee payment is due for submittals received 3-9 business days prior to Move-In Date, or \$450 minimum if received 0-2 business days prior to Move-In Date. 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 #: \_\_\_\_\_

Code Enforcement Case No.: (If applicable) \_\_\_\_\_

Building Permit No.: (If applicable) \_\_\_\_\_

(Check one box for desired permit)

<input type="checkbox"/> Automatic Sprinkler TI – 4 head maximum	<input type="checkbox"/> Exhibits & Trade Shows – Tier 1 < 15,000 SF **
<input type="checkbox"/> Automatic Sprinkler TI – Alter Existing System (20 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)	<input type="checkbox"/> Fire Alarm Monitoring System
<input type="checkbox"/> Automatic Sprinkler Systems Design – Flow Test	<input type="checkbox"/> Liquefied Petroleum Gases, Residential
	<input type="checkbox"/> Temporary Hot-Works (fixed, mobile, or combo) ***
	<input type="checkbox"/> Temporary Liquid/Gas-Fueled Vehicle or Equip in Assembly Area ***
<input type="checkbox"/> Automatic Sprinkler In-Building Riser	<input type="checkbox"/> Temporary Outdoor Membrane/Tent – Tier 1 < 15,000 SF **
<input type="checkbox"/> Automatic Sprinkler Monitoring	<b>For permit types marked with ** or *** you must provide all information requested below, including those line items marked with **.</b>
<input type="checkbox"/> Elevator Recall	

### 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)

\*\* 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: \_\_\_\_\_

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

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

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