



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd • Las Vegas, NV 89118 • Phone: (702) 455-7100 • Fax: (702) 221-2179

Inspection Invoice / Estimate

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

Email: Permits@ClarkCountyNV.gov

CONTRACTOR BILLING INFORMATION:

Business Name: _____
(Responsible Party)

Mailing Address: _____

Contact Person: _____

Office Number: _____

Fax Number: _____

FPB Escrow Account # (if applicable): _____

FP APPLICATION NUMBER:

ESTIMATED FEES:

Same Day Inspection Fee

Yes No \$ _____

Overtime Inspection Fee

Yes No \$ _____

Total Fees \$ _____

The above "Total Fees" is an estimated amount due. **Please do not pay from this document.** A "Billing Statement" will be faxed or mailed to the responsible party listed within 30 days from inspection date.

INSPECTION REQUESTED FOR:

ON-SITE REQUEST?

YES NO

(Please check one)

Inspection Type: _____

Address: _____

Complex Name: _____

Inspection Date/Time: _____

Accept this as my request and agreement to pay all costs incurred for the above referenced inspection, which was conducted by a representative(s) of Fire Prevention (FP).

Contractor Representative

Date

FPB Representative

Date

FOR FPB FINANCE USE ONLY

Customer Number: _____

Document Number: _____

Processed By: _____

Date: _____