



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

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

Next Day or Express Fire Review Service

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

Email: permits@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: 0/1 Service based on staff availability

Note: Discounts may apply for 1st correction submittal.

- 20 business-day (1x escalated fee, \$90 due at submittal, all plan types) *
- 3 business-day (3x escalated fee, \$270 due at submittal, Express plan types) *
- Next Day/Express (fixed \$180 due at submittal for all plan types)
- 0/1 business-day (5x escalated fee, \$450 due at submittal, Express plan types) *

Code Enforcement Case No.: (If applicable) _____

Building Permit No.: (If applicable) _____

(Check one box for desired permit)

Next Day (In by noon – out by noon next business day)	Express (5 business days)
<input type="checkbox"/> Automatic Emergency Vehicle Access Gates (FAEC)	<input type="checkbox"/> Automatic Sprinkler TI – Alter Existing System (FDSD)
<input type="checkbox"/> Manual Emergency Vehicle Access Gates (FAGM)	<ul style="list-style-type: none"> • (50 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers) • 13-D systems
<input type="checkbox"/> Automatic Sprinkler TI – Alter Existing System (FDSB) (20 heads or less excluding hydraulic calculations, flex-head, or extended coverage sprinklers)	<input type="checkbox"/> Fire Alarm TI – Alter Existing System (FFAD) (10 peripheral fire alarm devices or less)
<input type="checkbox"/> Automatic Sprinkler System Design – Flow Test (FDSF)	<input type="checkbox"/> Liquefied Petroleum Gases, Residential (FLRC)
<input type="checkbox"/> Automatic Sprinkler In-Building Riser (FDSI)	<input type="checkbox"/> Wet Chemical (FDWC) (6 total nozzles or less for the system)
<input type="checkbox"/> Automatic Sprinkler Monitoring System (FDSM)	<p align="center">Small Revision/Resubmittal</p> <p align="center">Fire spinkler heads, fire alarm devices, kitchen system nozzles only</p> <p align="center">(4 devices or fewer, less than 10 feet movement, no change in calculations, 2 plan sheets maximum)</p>
<input type="checkbox"/> Elevator Recall (FDER)	
<input type="checkbox"/> Fire Alarm Monitoring System (FDFA)	
<input type="checkbox"/> Fire Hydrant Bond Release (FDFH) **	
<input type="checkbox"/> Underground Fire Service Main – Install (FMHI) ** (hydrants and/or related components)	<input type="checkbox"/> Automatic Water Sprinkler (FDSR)
<input type="checkbox"/> Underground Fire Service Main – Mylar Signature (FDUM) **	<input type="checkbox"/> Fire Alarm (FFAS)
	<input type="checkbox"/> Wet Chemical (FDWC)

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 Project/Property: 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