



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: 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:

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 (FDSR)	<input type="checkbox"/> Automatic Sprinkler Monitoring (FDSM)	<input type="checkbox"/> Access Gates; Gate Count: _____ (FAEC) (FAGM)
<input type="checkbox"/> Carbon Dioxide (FDCC)	<input type="checkbox"/> Elevator Recall (FDER)	<input type="checkbox"/> Fire Hydrant and Associated (FDPR) ** Supply Piping
<input type="checkbox"/> Clean Agent (FDCA)	<input type="checkbox"/> Fire Alarm Monitoring (FDFA)	<input type="checkbox"/> Med-Gas System (FDMG)
<input type="checkbox"/> Dry Chemical (FDDC)	<input type="checkbox"/> Fire Alarm (FFAS)	<input type="checkbox"/> Two-way Communication System (FDTW)
<input type="checkbox"/> Foam (FDFS)	<input type="checkbox"/> Smoke Control-Control Panel (FDAL)	<input type="checkbox"/> Underground Storage Tank and (FFTC) Associated Components (Includes: Removal, abandonment or repair)
<input type="checkbox"/> Foam-Water Sprinkler (FDFW)	<input type="checkbox"/> Smoke Removal-Control Panel (FSRS)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water Monitor (FDWM)	<input type="checkbox"/> Video Detection (FVDS)	_____
<input type="checkbox"/> Wet Chemical (FDWC)	Device Count: _____	(Provide description and App code if available)
Sprinkler Count: _____	Other Equipment/Systems	
Nozzle Count: _____	<input type="checkbox"/> Fire Pump and Related Equipment (FDFP)	
Device Count: _____	<input type="checkbox"/> Standpipe System (FDSP)	
	<input type="checkbox"/> Water Tank (FWST) (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