



CLARK COUNTY FIRE DEPARTMENT-FIRE PREVENTION BUREAU

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7316

Fire Plans Check Express and Overtime Plan Review Request

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention Email: FPPCQ@clarkcountynv.gov

REQUESTS RECEIVED AFTER 2:00PM WILL BE PROCESSED THE FOLLOWING DAY.

OPERATING HOURS ARE MONDAY THRU FRIDAY 07:00AM TO 05:00PM.

REQUESTING COMPANY INFORMATION AND INFORMATION FOR PERMIT BEING REQUESTED FOR
REVIEW, FORM MUST BE SUBMITTED FOR EACH PERMIT #

Permit #: _____ Permit Type (E.g., Alarm/Hazmat): _____

Property Name where work is being performed: _____ Room #/Name: _____

Company Name: _____ Company Escrow Account #: _____
(Permit Holder/Responsible Party)

Contact Name: _____ Contact Phone: _____

Company/Contact Email address: _____

Company Address: _____
(City, State, Zip Code)

Company Phone Number: _____ Company Fax Number: _____

CONDITIONS OF FIRE PREVENTION PLANS CHECK EXPRESS FEE

Express review fees are based on a 2X fee (two times permit fee).

CONDITIONS OF FIRE PREVENTION PLANS CHECK OVERTIME FEE.

Overtime fees are based on a 3-hr. minimum @\$130.00 an hour (\$390.00) and then an additional \$130.00 for each additional hour. **Please note: By submitting this request you acknowledge that the overtime fee is in addition to the 2x express fee.**

This is only a request for Express or Overtime PLAN REVIEW and is not a guarantee of service.

All fees are payable to Clark County Fire Prevention. Accept this as my request and agreement to pay all costs incurred for the above referenced plan review(s), to be conducted by a representative(s) of the Clark County Fire Department, Fire Prevention Plans Check Division.

IF PLAN HAS NOT BEEN REVIEWED BY DATE REQUESTED. PLEASE RESUBMIT

EXPRESS REVIEW REQUEST: ____ LAST DATE FOR EXPRESS REVIEW: _____

OVERTIME REVIEW REQUEST: ____ LAST DATE FOR OVERTIME REVIEW: _____

Contractor/Owner Signature: _____ Title: _____ Date: _____

Plans Checker Reviewing: _____ Date Review Finished: _____

Approving DFM: _____ Overtime review hours to be billed (3hr min) ____

REV 01/11/2026 Processed By: _____ Date Processed _____ Amount Billed _____