



# 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](http://www.clarkcountynv.gov/Depts/development_services/fire_prevention) Email: [FPPCQ@clarkcountynv.gov](mailto: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: \_\_\_\_\_