



CLARK COUNTY FIRE DEPARTMENT - FIRE PREVENTION BUREAU

4701 W Russell Rd, Las Vegas, NV 89118 (702) 455-7139

Website: https://www.clarkcountynv.gov/government/departments/fire/fire\_prevention.php

Email: Inspections@clarkcountynv.gov

FIRE INSPECTION OVERTIME/SAME-DAY REQUEST

Overtime inspections are not required by the Clark County Fire Department, Fire Prevention Bureau (CCFD-FPB)

Overtime inspections are offered as a service to customers who require a CCFD-FPB inspection outside normal business hours, 8:00 AM - 4:00 PM, Monday through Friday, excluding holidays, provided adequate staff is available to fulfill the request.

Requests must be received by 2:00pm for any requests needing staff that day, evening, or following morning.

All fees are payable to Clark County Fire Department – Fire Prevention Bureau.

Exact cash, check, money order, (drawn on a U.S. Bank in U.S. funds), MasterCard, Visa, or an established CCFD-FPB trust account.

CONDITIONS OF OVERTIME/SAME-DAY

CHARGE

Overtime inspections that are conducted outside normal business hours : \$270 per FPB Fire Inspector to accommodate a three (3) hour minimum.

For every hour over three (3) hours: Additional fee of \$90 per hour, per FPB Fire Inspector

Overtime that occurs as an extension of the workday: \$90 per hour, per FPB Fire Inspector

Same-day inspection requests: \$270

Same-day inspection requests outside normal business hours and workdays: \$270 per FPB Fire Inspector, in addition to the overtime inspection fee for the inspection being conducted outside normal business hour.

Same Day Inspector Request

Overtime Inspection Request

General Contractor

Sub-Contractor

Business Owner

PERMIT AND SUBMITTING COMPANY INFORMATION

Permit #(s) \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Escrow Account: \_\_\_\_\_

Company Address: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Company Email: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_

On-site Contact Name: \_\_\_\_\_ On-site Contact Phone #: \_\_\_\_\_

LOCATION / INSPECTION TYPE / DATE / TIME

Property Name: \_\_\_\_\_ Event Name: \_\_\_\_\_

Room Name/# \_\_\_\_\_ Requested Time: \_\_\_\_\_

Project/Site/Event Address: \_\_\_\_\_ Requested Date: \_\_\_\_\_

Inspection Type(s) Requested: \_\_\_\_\_

Accept this as my request and agreement to pay all costs incurred for the above-referenced inspection(s), to be conducted by a representative(s) of CCFD-FPB, whether submitting on-line or in-person.

Contractor/ Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

THIS SECTION COMPLETED BY CCFD/FPB PERSONNEL ONLY

Assigned Inspector: \_\_\_\_\_ Approving DFM: \_\_\_\_\_

Additional Inspector(s): \_\_\_\_\_

Entered by: \_\_\_\_\_ (Initials)

Date: \_\_\_\_\_

Amount Billed: \_\_\_\_\_

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