



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 the 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	\$390 per FPB Fire Inspector to accommodate a three (3) hour minimum.
For every hour over three (3) hours	Additional fee of \$130 per hour, per FPB Fire Inspector
Same-day inspection request during normal business hours	\$390
Same-day inspection requests outside normal business hours and workdays	\$390 per FPB Fire Inspector, in addition to the overtime inspection fee for the inspection being conducted outside normal business hours and workdays

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 #: _____

INSPECTION TYPE: **SAME DAY INSPECTION** **OVERTIME INSPECTION**

LOCATION / INSPECTION TYPE / DATE / TIME

Property Name: _____ Event Name: _____

Room Name/# _____ Requested Time: _____

Project/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:	OT	STE