



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 Inspection 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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