



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

Temporary Operational Fire Permit

Website: <http://www.clarkcountynv.gov/building/fire-prevention>

Email: FireIntake@ClarkCountyNV.gov

Fee Payment: Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. Please note escalating fees may apply upon completion of review. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate application forms.

Fire Inspection: Inspections performed outside normal business days/hours for Temporary Operational Fire Permits will incur Overtime and/or Same Day fees and will be billed separately.

Submittal Date: _____ Pay by: Cash Check Credit Card Escrow Account #: _____

Service Delivery:

FDET/FTTT Range 1: (0 - 14,999 SF)	<input type="checkbox"/> 10 business-day (1x escalated fee, \$90 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$270 due at submittal)
	<input type="checkbox"/> 5 business-day (2x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$450 due at submittal)

FDET/FTTT Range 2: (15,000 - 74,999 SF)	<input type="checkbox"/> 10 business-day (1x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$540 due at submittal)
	<input type="checkbox"/> 5 business-day (2x escalated fee, \$360 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$900 due at submittal)

FDET/FTTT Range 3: (75,000 - 149,999 SF)	<input type="checkbox"/> 20 business-day (1x escalated fee \$270 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$810 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$540 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$1,350 due at submittal)

FDET/FTTT Range 4: (150,000 SF and greater)	<input type="checkbox"/> 20 business-day (1x escalated fee \$360 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$1,080 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$720 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$1,800 due at submittal)

All other Permits:	<input type="checkbox"/> 20 business-day (1x escalated fee \$90 due at submittal)	<input type="checkbox"/> 3 business-day (3x escalated fee, \$270 due at submittal)
	<input type="checkbox"/> 10 business-day (2x escalated fee, \$180 due at submittal)	<input type="checkbox"/> 0/1 business-day (5x escalated fee, \$450 due at submittal)

(Check one box for desired permit)

<input type="checkbox"/> Amusement Buildings	<input type="checkbox"/> Filming	<input type="checkbox"/> Liquid/Gas Vehicle/Equip Assembly
<input type="checkbox"/> Candles and Open Flames	<input type="checkbox"/> Firewood Sales	<input type="checkbox"/> Mall Covered Kiosk
<input type="checkbox"/> Carnivals and Fairs	<input type="checkbox"/> Flame Effects	<input type="checkbox"/> Membrane, Bldg Structure, Tent or or Canopy - Outdoor (<i>Tent >400 SF, Canopy >700 SF and Bldg >4,500 SF</i>) List total square feet: _____
<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Flam/Comb Liquid Storage/Use (FFCT) (Includes: Aboveground tanks and components, Cabinets, Diesel Generators, Drums, Safety Cans, etc)	
<input type="checkbox"/> Cryogen Systems (Includes fog effects)	<input type="checkbox"/> Floor Finishing	<input type="checkbox"/> Mobile Fueling Vehicle
<input type="checkbox"/> Exhibit and Trade Shows List total square feet: _____	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Open Burning Agricultural
<input type="checkbox"/> Explosive Materials List total magazines: _____	<input type="checkbox"/> Heliports, Helistops, and	<input type="checkbox"/> Special Activity Lot
<input type="checkbox"/> Fireworks Booth(s)	<input type="checkbox"/> Emergency Landing Pads	<input type="checkbox"/> Spraying or Dipping
<input type="checkbox"/> Fireworks Display Outdoor List total device count: _____	<input type="checkbox"/> Hot-Works (fixed, mobile, or combo)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fireworks/Pyro-Prox In/Outdoor List total device count: _____	<input type="checkbox"/> Liquefied Petroleum Gases	(Temporary operational permit type not listed)

PERMIT INFORMATION

Plans: New Revision Correction Application # (If applicable): _____

Note: The original application number must be provided if this plan submittal is a revision or a correction.

Assessor Parcel Number (APN): _____

Property/Venue Address: _____ Bldg.-Suite#: _____

Major Property/Venue Name: _____

(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____

(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

Name of Event: _____

Event Move-In Date: _____ Event Move-Out Date: _____

**** Date & Time Event Will Be Set Up For Inspection: _____ AM PM ****

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext: _____ Fax #: _____

Applicant Email Address: _____

Applicant Name and Title

Applicant Signature