## **CLARK COUNTY FIRE DEPARTMENT** PERMIT SURVEY FORM

PROJECT ADDRESS	APPLICATION #_	
PROJECT NAME	DATE	
ASSESSOR'S PARCEL NUMBER(S)	FAX #	
CONTACT PERSON	PHONE #	
INITIATING AGENDY: (Check box, Agency Application/Permit #, and Agency Signature Required Below)		
AIR QUALITY BUSINESS LIG BUILDING DIVISION CURRENT PL		FIRE DEPARTMENT HEALTH DISTRICT
NOTE: Single family detached residences: complete items 1 and 2 only. Commercial occupancies/multi-family/home based business: complete all items below.		
Does your building/project include:		Fire Dept. Review/Comments
Yes No  1 Water supplied by a well or private water 2 Propane tank(s) 3 Aboveground or underground flammable 4 High-piled storage* (see definition below 5 Spray paint booths 6 Medical Gas Systems 7 Combustible Dust Producing Operations	e/combustible liquid tank(s) w)	
8 Chemicals – Storage, Manufacture, or U	Ise **	Signature Date
A "Yes" response to any of the above conditions will require a permit or combined plan/permit request to be submitted to the Clark County Fire Department for review. Immediately contact CCFD PLANSCHECK AT (455-7100) for permit requirements. Plans must be reviewed and approved by CCFD Planscheck Division. A "Yes" response to any of the above conditions may also require a Special Use Permit from the Current Planning Division.		
PRINT NAMESIGNATURE		
Check one: Property, Building, or Business Owner	Occupants Legal Representa	ative Responsible Party
**************************************		
Hazardous Occupancy Required? YESNO If yes, then Special Use Permit Required.		
Signature of Building Official		
<u> </u>		
New construction Addition Remodel  PAC Process Walk-thru	Commercia Residential	

FAX TO CLARK COUNTY FIRE PLANSCHECK AT (702) 735-0775

-DISTRIBUTIONCUSTOMER AIR QUALITY MANAGEMENT BUSINESS LICENSE DEPARTMENT FIRE DEPARTMENT HEALTH DISTRICT DEVELOPMENT SERVICES: BUILDING PLANS EXAMINATION ZONING PLANSCHECK CURRENT PLANNING