



**City of Elko  
Fire Department**

911 Idaho St., Elko, NV 89801  
Phone (775) 777-7345 Fax (775) 777-7359  
www.ci.elko.nv.us/pubsafety/fire.htm

**FAST TRACK FIRE SPRINKLER PERMIT APPLICATION**  
(10 SPRINKLER HEADS OR LESS)  
SUBMIT THREE COMPLETE SETS OF PLANS , (2 WET STAMPED)

**Application Date** \_\_\_\_\_ **APN** \_\_\_\_\_ **Permit No.** \_\_\_\_\_

Please provide the following information. Only complete applications can be accepted.

OWNER / TENANT INFORMATION		
Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Address: (if different from job address)		
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax number:	e-mail:	
JOB INFORMATION		
Tenant Name:		
Address:		
		Contract Amount:
CONTRACTOR INFORMATION		
Name:		
Address:		
City, State, Zip:		
NV License Number	NICET Cert Number	City of Elko License Number
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax Number:	e-mail:	

<b>NEW SPRINKLER INSTALL</b>	Number of new heads: _____	<i>Describe why new sprinklers are being installed (i.e. New tenant improvement, office space, etc.):</i>
<b>RELOCATE EXISTING SPRINKLERS</b>	Number of heads relocated: _____	<i>Describe why the sprinklers are being relocated:</i>
<b>DROP EXISTING SPRINKLERS</b>	Number of heads to drop: _____	<i>Describe why the sprinkler heads are being dropped:</i>

Estimated Valuation	Occupancy type
Square Footage	Occupancy Load

*By signing this application, I am agreeing that the work being done at this location on this permit is not being done in reference to: paint booths, racking/shelving, or any other business or activity which stores or produces hazardous materials. I further certify that the above information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
**Applicant Name – Printed**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**