



**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

**FIRE PREVENTION PERMIT APPLICATION**  
**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.

This application is for: <input type="checkbox"/> Hood System <input type="checkbox"/> Other (describe) _____		
<b>OWNER / TENANT INFORMATION</b>		
Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Address: (if different from job address)		
Office Phone:	Cell Phone:	
Fax number:	e-mail:	
<b>JOB INFORMATION</b>		
Address:		
Tenant Name:		
Contract Amount:		
<b>CONTRACTOR INFORMATION</b>		
Name:		
Address:		
City, State, Zip:		
NV License Number	NICET Cert Number	City of Elko License Number
Office Phone:	Cell Phone:	
Fax Number:	e-mail:	
<b>Provide a complete description of the proposed project:</b> (use additional sheets if necessary)		

Estimated Valuation	Occupancy type
Square Footage	Occupancy Load

*By signing this application, I certify that the above information is true and correct to the best of my knowledge and that I have authority and permission to submit this application.*

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

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

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