



Development Services Center
Fire Monitoring Permit Application
240 S Water Street, P.O. Box 95050, Henderson, Nevada 89009-5050
Phone: 702-267-3600

- ☐ Sub-contractor under General
☐ Stand-Alone Fire Permit

Reference Building Permit# _____

Fire Permit# _____

Section 1-PERMIT INFORMATION

Applicant/Contact (All correspondence will be sent to this individual)

Name _____

Company Name _____

Address _____

Phone _____

Email _____

Permit Address

Street _____

Suite/Unit _____

System/Floor/Description _____

Tenant Name _____

Assessor's Parcel Number _____

Project Name _____

Permittee/Prime Contractor (The name the permit will be issued to)

Company Name _____

Name of Qualified Individual _____

Henderson Business License Number _____

State Contractor's License Number _____

State Fire Marshal's License Number _____

Name _____

Address _____

Phone _____

Email _____

Section 2-SCOPE OF WORK

Section 3-SUPPLEMENTAL INFORMATION

Runner Service Provider: _____

Supervising Central Station: _____

Copies of data screen(s) from supervising station computer system required with submittal.

By signing below, you certify that:

I have read this application and state that all information is correct.

I agree to comply with all City of Henderson ordinances and state laws related to building construction, and hereby, authorize representatives of the city to enter upon the above-mentioned property for inspection purposes.

Signature

Printed Name

Date