

280 S DECATUR BLVD, LAS VEGAS, NV 89107 (702) 759-1633 | www.snhd.info

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OWNER INFORMATION (PERMIT HOLDER)							
Owner of Business:							
Sole Proprietorship: Partners		inership:		Corporation:		LLC:	
Registered Owner Mailing Address:							
Phone:	Fax:	Fax:		E-mail:			
Have you applied for a Business License? Yes If Yes		es, Which Jurisdiction?				No	N/A
FACILITY INFORMATION							
Name of Business (DBA):							
Facility Address:							
Phone: Fax:				E-mail:			
Representative's Name:	Representative's Phone Number:			:			
Owner's representatives must have proof of authorization.							
Projected Opening Date:	Hour of Operation:		Number of Rooms/Spaces:		aces:		
Number of Pools: Number of Sp			pas:	Number of In-room Pools/Spas:			ools/Spas:
Water Supply Method:				Sewer Disposal Method:			
Public Water:	Well Water:			Septic System:		Community Sewer:	
PERMIT TYPES							
Type of Application:	NEW:			REMODEL:		CHANGE OF OWNERSHIP:	
HOTEL	MOTEL			CONDO/TIMESHARE		HOSTEL	
BED & BREAKFAST	RV PARK/SCRV			CAMPGROUND		MOBILE HOME PARK	
OTHER (Describe):							
NCIAA (Nevada Clean Indoor Air Act) Affidavit: I, the applicant or dully authorized agent of the applicant, do hereby attest and							
affirm that the aforementioned facility is Exempt 🗆 or Not Exempt 🗆 from compliance with the requirements of NRS 202.2483 Inclusive							
AGREEMENT 1. Appointments are held at the Southern Nevade Health District, 200 C. Desptus Blad. Lee Veges NV, or via Web EV meeting may							
1. Appointments are held at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV. or via Web EX meeting may be requested. Email: pa@snhd.org for information regarding submitting plans for new facilities.							
2. Plan review and annual health permit fees must be paid at the time of appointment. Fees are determined after the plan review							
meeting. Fees are not refundable or prorated. 3. Fee schedule can be found at: http://www.southernnevadahealthdistrict.org/download/eh-fee-schedule.pdf							
 Fee schedule can be found at: http://www.southernnevadahealthdistrict.org/download/eh-fee-schedule.pdf Acceptable forms of payment are: Cash, Visa, MasterCard, American Express, Business Check (not starter), or Money Orders. 							
SIGNATURE PRINT NAME DATE							
FOR OFFICE USE ONLY:			1			I	
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