

PUBLIC ACCOMMODATIONS DESIGN ASSESSMENT

PO Box 3902, Las Vegas, NV 89127 280 S Decatur Blvd, Las Vegas, NV 89107 702-759-1633 pa@snhd.org

PERMIT TYPES					
Type of Application:	□ New	□ Remodel		☐ Change of Owner	
☐ Hotel ☐ Bed & Breakfast	□ Motel □ Hostel	□ RV Park/SCRV □ Campground		☐ Mobile Home Park☐ Other (describe)	
OWNERSHIP INFORM	MATION (PERMIT	HOLDER)			
☐ Sole Proprietorship	LLC	•		☐ Partnership	
Owner of Business:					•
Mailing Address:					
Contact Person:					
Phone:	Email:				
Have you applied for a	business license	? □ Yes I	□ No □ n/a	Jurisdiction:	
FACILITY INFORMAT	ION				
Facility Name (DBA)					
Facility Address:					
Contact Person:					
Phone:			Email:		
Is this facility currently	open and operatir	ng?	□ Yes □ N	0	
Projected Opening Date:			Number of Pools:		
Number of Rooms/Spaces:			Number of Spas:		
Hours of Operation:			Number of in-room pools/spas:		
Water Supply Method			Sewer Disposal Method		
☐ Public Water	- · · ·	l Water	□ Commu	unity Sewer	□Septic System
BILLING INFORMATION	ON				
Invoice and correspond					
☐ Owner Address ☐ ☐ E-Mail (E-Mail addre	☐ Facility Address	s □ Othe	r Address (pro	vide))	
Permit mailed to: ☐ Owner Address □	☐ Facility Address	s □ Othe	r Address (pro	vide)	
voiced fees must be paid vopropriate fees have been diditional fees. Fees are no	paid. Changes in de	days after rec esign, correct	ceiving the invoi	ce. The plan revi	
gnature			Date		
rinted name					