



280 S. DECATUR BLVD., LAS VEGAS, NV 89107  
(702) 759-0660 | [www.snhd.info](http://www.snhd.info)

## INSTRUCTIONS FOR TENANT IMPROVEMENT APPOINTMENTS

All plan submittals must be in electronic format or appointments can be made for plan drop off / submittal. You can email your submittal request and appropriate plans to [septics@snhd.org](mailto:septics@snhd.org) for review or call 702-759-0660 to schedule a time to drop off plans. Please allow one working day for staff to process and respond to requests. Plans are reviewed on a first come, first serve basis. You can find a copy of our most current permit fees at: [www.snhd.info/ehfees](http://www.snhd.info/ehfees)

SNHD will not provide sanitation clearance for any septic system that is not compliant with the *SNHD Regulations Governing Individual Sewage Disposal Systems and Liquid Waste Management* until all compliance issues are resolved. SNHD **may** provide conditional approval in certain circumstances to allow the applicant to obtain a building permit, but all conditions must be satisfied before requesting a final inspection from the building department. Persons submitting plans to SNHD must be knowledgeable about the location of all major components of the septic system (i.e., septic tank and leach field) and must be empowered to make decisions regarding the septic system and property, including any corrective actions that may be required, or any other conditions of approval.

### Minimum Requirements for an Appointment

- A completed **Tenant Improvement Application** signed by the legal owner of the property or by the property owner's authorized representative.
- One set of **building plans** and any associated **land use applications**, if applicable.
- A current, accurate **site plan**, which must be drawn to a standard engineering or architectural scale (e.g., 1" = 20' or ¼" = 1'). The site plan must include the following:
  - The location of all major components of the septic system (i.e., septic tank, leach field, distribution box, etc.)
  - The location of all existing and proposed structures and their uses (house, garage, temporary trailer, retaining wall, etc.)
  - The location of all existing and proposed property lines, driveways, water lines, pools/spas, wells (including neighboring wells), watercourses (wash, flood control channel, etc.), and easements
  - Distances from septic system to house, well, property line, water line, proposed swimming pool, etc.
  - North directional arrow
  - Street name(s), right of ways, and width of dedication to centerline
- **Fees:** Fees are collected at the time of application and appointment. Fees due include:
  - A plan review fee.
  - Any inspection fees if a site visit or inspection is required (e.g., to verify property compliance).

Failure to provide the minimum documentation during initial submittal will be charged a resubmittal fee in accordance with the most recent version of the EH Fee Schedule which can be found at: [www.snhd.info/ehfees](http://www.snhd.info/ehfees)

Interior remodels where there is no change to the existing footprint or additional structures can use the existing plan on file for submittal **IF AND ONLY IF** the existing plans meet the above requirements.



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**ISDS TENANT IMPROVEMENT APPLICATION**

| OWNER INFORMATION                               |                             |              |   |                                      |          |                      |          |          |
|---|-----------------------------|--------------|---|--------------------------------------|----------|----------------------|----------|----------|
| Property Owner:                                 |                             |              |   |                                      |          |                      |          |          |
| Property Owner Mailing Address:                 |                             |              |   |                                      |          |                      |          |          |
| PROPERTY INFORMATION                            |                             |              |   |                                      |          |                      |          |          |
| Property Address:                               |                             |              |   |                                      |          |                      |          |          |
| APN:  |                             |              | Lot Size (ac):                          |                                      |          | Jurisdiction:        |          |          |
| Approved Water Source:                          |                             | Public Water |   | Community Well                       |          | Domestic Well        |          |          |
| WELL INFORMATION (TO BE COMPLETED IF ON A WELL) |                             |              |   |                                      |          |                      |          |          |
| NVDWR Well Log #:                               |                             |              |   | NVDWR Permit #:                      |          |                      |          |          |
| PROJECT INFORMATION                             |                             |              |   |                                      |          |                      |          |          |
| Building Dept Permit #:                         |                             |              | Land Use Application # (if applicable): |                                      |          | Additional Plumbing? |          |          |
| Project Description:                            |                             |              |   |                                      |          |                      |          |          |
| PLUMBING FIXTURES                               |                             |              |   |                                      |          |                      |          |          |
| Fixture Type                                    | Quantity                    |              | Fixture Type                            | Quantity                             |          | Fixture Type         | Quantity |          |
|   | Existing                    | Proposed     |   | Existing                             | Proposed |                      | Existing | Proposed |
| TOILETS   |                             |              | BATHTUBS                                |                                      |          | SHOWERS              |          |          |
| LAVATORIES                                      |                             |              | KITCHEN SINK                            |                                      |          | CLOTHES WASHER       |          |          |
| LAUNDRY TUB                                     |                             |              | VEGGIE SINK                             |                                      |          | BAR SINK             |          |          |
| FLOOR DRAINS                                    |                             |              | BIDET                                   |                                      |          | URINAL               |          |          |
| <b>TOTAL FIXTURE UNITS</b>                      |                             |              |   |                                      |          |                      |          |          |
| EXISTING ISDS INFORMATION                       |                             |              |   |                                      |          |                      |          |          |
| Septic Tank Volume (gal):                       |                             |              |   | Leach Field Area (ft <sup>2</sup> ): |          |                      |          |          |
| LEACH FIELD TYPE:                               | Seepage Bed (Pipe & Gravel) |              |   | Seepage Bed (Chambers)               |          | Seepage Pit          |          | Trench   |
|   | Engineered Design           |              |   | Other (Describe):                    |          |                      |          |          |
| APPLICANT SIGNATURE                             |                             |              |   | PRINT NAME                           |          |                      | DATE     |          |
|   |                             |              |   |                                      |          |                      |          |          |

FOR OFFICE USE ONLY:

|                              |     |     |         |                |
|------------------------------|-----|-----|---------|----------------|
| ON:                          | FA: | IN: | CCBD #: | Received Date: |
| Corrective Actions Required: |     |     |         |                |

| SNHD PERMIT MODIFICATION APPROVAL |              |      |
|-----------------------------------|--------------|------|
| Approved                          | Not Approved |      |
|                                   |              |      |
| PRINT NAME                        | LICENSE #    | DATE |