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

PUBLIC ACCOMODATION DESIGN ASSESSMENT PERMIT APPLICATION

OWNER INFORMATION (PERMIT HOLDER)

Owner of Business:			
Sole Proprietorship: ◯	Partnership: ◯	Corporation: ◯	LLC: ◯
Registered Owner Mailing Address:			
Phone:	Fax:	E-mail:	
Have you applied for a Business License? Yes ◯	If Yes, 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:
Number of Pools:	Number of Spas:	Number of In-room Pools/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 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
4. 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:

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