



CHILDCARE CENTER PERMIT APPLICATION

www.snhd.info | foodrev@snhd.org | 702-759-1258

OWNER INFORMATION			
Select One: <input type="checkbox"/> NEW Establishment Permit <input type="checkbox"/> EXISTING Establishment Change of Permit Holder		Is there any CONSTRUCTION associated with this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , what is the projected opening date?	
Name of Owner - Sole Proprietor, Partnership, Corporation, or LLC:			
Owner's Mailing Address:		Suite/Unit:	
City:	State:	Zip Code:	
Owner's Phone Number:	Alternate Phone Number:	Owner's E-Mail Address:	
Who may the inspector contact for questions related to submitted plans?			
Name:	Title:	Phone:	Email:
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:		Suite/Unit:	
City:	State: Nevada	Zip Code:	
Business Phone:	Business Email:	Mail Invoices to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Hours of Operation:			
Business License Jurisdiction: <input type="checkbox"/> Clark County <input type="checkbox"/> Las Vegas <input type="checkbox"/> North Las Vegas <input type="checkbox"/> Henderson <input type="checkbox"/> Other			
Sewer Connection: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic System <input type="checkbox"/> Other		Water Supply: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other	
Do any existing health permits require deletion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must submit a Notice of Business Closure form.			
PLAN REVIEW			
<p>Plans will not be reviewed until Health District staff verify that the application packet is complete and all required documents, as specified in the <i>Minimum Requirements for Plan Submission</i> are submitted. Permit applications must be submitted at least 30 calendar days before the projected opening date to avoid the assessment of late fees as provided in the EH Fee Schedule. Application fees are due upon receipt of the invoice, and projects are subject to cancellation due to non-payment. Plan review fees are non-refundable.</p> <p>Permit applications expire 180 calendar days after submission unless an extension is granted by the Health Authority. For this reason, it is important that the owner or owner representative provides frequent project status updates to the Health District.</p> <p>Health District approval is independent of all other approvals required by other regulatory entities. The applicant must separately obtain approvals and permits from other agencies and programs as required. The establishment is not permitted to operate until the required construction inspections, including the final permitting inspection, have been conducted and approved.</p>			
ATTESTATION			
By signing below, I hereby certify that I am the owner of the business or that I have been approved by the owner to act as their Authorized Representative for matters related to the preparation, submission, and revision of plans and applications to the Southern Nevada Health District.			
I attest that the information provided to the Southern Nevada Health District in the permit application packet is true and accurate. I have read, understand, and agree to be held to the conditions and responsibilities as provided in the <i>Instructions for Submission of Plans for Review</i> document. I agree to comply with applicable regulations and will allow the Health Authority reasonable access to the establishment and to any records needed to verify compliance with the regulations.			
Owner/Owner Representative Print Name:		Owner/Owner Representative Sign Name:	
Owner/Owner Representative Title:		Date:	

Electronic Application Submission (PREFERRED)

Applications may be submitted electronically to foodrev@snhd.org or via the Accela Citizens Access portal.

Once administrative staff have verified that the application packet is complete, (see Minimum Requirements for Plan Submission), it will show a status of Accepted. Then, it will be scheduled for review by a plan reviewer within 2-4 weeks. An inspector will contact the applicant via phone or email when they begin reviewing the plans. The plan status, required corrections, and instructions to pay your invoice will be provided to you via email after the review is complete.

In-Person Submissions

If the application packet cannot be submitted electronically, it can be delivered to 2830 E. Fremont St, Las Vegas, NV 89104. Drop-off hours are Tuesday-Friday, 8:00am-4:00pm.

Payment of Fees

Plan Review and Annual Health Permit fees invoices **must be paid within 5 business days** to avoid late fees or cancellation of the project.

All fees must be paid prior to scheduling field appointments and prior to review of resubmittals.

Plan Review fees are non-refundable and fees cannot be transferred from one project to another.

The Fee Schedule may be found on our website: **www.snhd.info/permits-regulations**

Fees must be paid online via Accela Citizens Access portal using a Credit Card or Bank Account.

> Log into <https://aca-prod.accela.com/SNHD/Login.aspx> Home >

> My Records > See Project List > Pay Fees Due > Check Out > Continue Shopping to add more fees to cart.



Inspections for Construction Projects

A pre-permitting walkthrough may be required by your plan reviewer or may be requested by the applicant prior to the final permitting inspection. The final permitting inspection can be requested *after* approvals are received by the building department, fire prevention, and sewer departments if applicable. Proof of approval may be provided in the form of a Certificate of Occupancy or other documentation from the applicable jurisdiction. Failure to provide proof of approval from other agencies may delay the health permit approval and the business license activation.

Inspections for Establishments undergoing Change of Permit Holder

A Change of Permit Holder (CPH) inspection will be scheduled after the health permit and plan review fees are paid. Failure to pay outstanding balances within 5 business days for an open and operating facility will result in a closure until such time that a permit is obtained.

Other Information

- ⇒ Inspection cancellations must be made *before* the inspector is on route to the facility to avoid a missed appointment fee.
- ⇒ Establishments must be fully functional with power, gas, hot water, and the equipment operational during the final permitting inspection. The expectation is that all construction is complete, and the facility is ready for customers once the health permit is approved.
- ⇒ When the permit holder changes, the establishment cannot open for business or stock food until after the health permit is approved UNLESS, it has continuously operated throughout the CPH process.
- ⇒ A re-inspection or failed final permitting fee for each permit will be assessed if the establishment is not ready for the scheduled inspection.
- ⇒ Undisclosed or unclear design characteristics do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder, or prospective permit holder, to comply with all laws and regulations.
- ⇒ The number and type of permits will be determined by the plan reviewer based on information provided by the applicant. For this reason, it is important to provide as much information about the business plan as possible and be available to answer questions when plans are being reviewed.
- ⇒ It is the responsibility of the permit holder to properly develop the project and contact the applicable agencies and SNHD programs for approvals such as Aquatic Health, Public Accommodations, Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/ Labeling, etc.
- ⇒ Expedited and/or after hour inspections are not guaranteed and will only be granted if staff have availability. Permit applications should be submitted no less than 90 days in advance of the projected opening date to take into account scheduling delays.

MINIMUM REQUIREMENTS FOR SUBMISSION OF PLANS FOR REVIEW

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All businesses are required to have a City or County business license *and* a business license with the Nevada Secretary of State prior to operating. The ownership information on the health permit must match the ownership on the business license.

FOOD / DRINK

- A completed application packet
- A contact person who can answer questions about the facility operation and plans.
 - Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Food Questionnaire – Required for establishments that cook, cool, or reheat food.
- Commissary Agreement – Required for establishments that are non-permanent or portable.

CHILDCARE, SCHOOLS, AND INSTITUTIONS

- A completed application packet
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
 - Layout of the outdoor play area, including climbable equipment, protective surfacing, and shade structure(s) if applicable. Menu – Required for establishments with open-food handling.
- Room dimensions and occupancy information must be provided.
- If there are classrooms for children under 5 years old, toilet heights (floor to rim) and hand sink heights must be provided on the plans.

BODY ART

- A completed application packet
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Procedure After Care Sheet, Procedure Consent Form, and a written Infection Control Plan
- Documentation of the American Red Cross course in Preventing Disease Transmission or documentation of equivalent training within the past two years, and CPR and First Aid (if applicable)
- Documentation of spore testing of all sterilizers (if applicable) within the past 30 days
- Current Body Art Card

DRUGS, COSMETICS, SUPPLEMENT MANUFACTURERS

- A completed application packet
- A contact person who can answer questions about the facility operation and plans.
- Proof of Ownership in the form of a Lease, Deed, or other legal document granting permission for the permit applicant to operate at the specified physical location.
- Plans – Required for New and Remodel Permits only:** Submit plans in electronic format (PDF). Plans must include: Equipment layout and specifications; plumbing supply lines, waste lines, and fixtures; finishes of floors, walls, and ceilings; and lighting. You may also include photos as needed.
- Menu – Required for establishments with open-food handling.
- Drug/Cosmetic/Supplement Manufacturers are required to register with the FDA.



CHILDCARE QUESTIONNAIRE

WWW.SNHD.INFO/PLAN-REVIEW
FOODREV@SNHD.ORG

Name of Business (DBA):			
Address of Business:			
Owner Name:	Phone:	Email:	
Who may the inspector contact for Plan Review?	Name:		
	Title:		
	Phone:	Email:	

CHILDCARE FACILITY OPERATION

Have you ever operated a Childcare before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
The facility has: <input type="checkbox"/> A person in charge that is present during all hours of operation, to include evenings, weekends, and breaks.			
What are your days & hours of operation?		Are you open year-round?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain
Total square footage of facility:			
Note: Ensure plans are marked with the square footage of each child occupied room along with child's age.			
Do you have a fenced outdoor play area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, is there appropriate shade provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many children will be at this location? (Total #)			
# of Infant (0-12 months)		# of Toddler (13-35 months)	
# of School Age (5-12 years old)		# of Older (12-<18 years old)	
Toilets	#	Sinks	Wall Hung
Toddler/Preschool - 11"		Toddler	22"
School Age - 15"		Preschool	24"
Urinals		School Age	26"
#			
Counter Drop In			
#			
Do any of the following activities pertain to your operation? (Check all that apply)			
<input type="checkbox"/> Diapering <input type="checkbox"/> Laundry <input type="checkbox"/> Infant Play Area <input type="checkbox"/> Water Play <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sandbox <input type="checkbox"/> Playground <input type="checkbox"/> Pets/Animals			

What kind of napping equipment are you using?			
How do you intend on providing water to children?			
What type of sanitizer will you use in your facility?			
Do you have test strips for your sanitizer?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	What is the required contact time for your sanitizer?	
What type of Disinfectant will you use in your facility?		What is the required contact time for your disinfectant?	

FINISHES AND LIGHTING				
Floor materials in rooms, and restrooms:				
Wall materials in rooms, and restrooms:				
Ceiling materials in rooms, and restrooms:				
Lighting adequate for: Footcandles (fc)	Reading? (50 fc)	Play? (30 fc)	Restroom? (20 fc)	Napping? (5 fc)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

MISCELLANEOUS			
What kind of food service will you provide? Must provide menu.	<input type="checkbox"/> Ready to eat snacks <input type="checkbox"/> Reheated fully cooked commercial foods <input type="checkbox"/> Full service / cooked TCS foods		
What kind of food preparation equipment do you have?			
Do you have a three-compartment sink? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Do you have a Pest Control Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Company?	
Does your facility have backflow protection for the following?	Mop Sink <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Hose Bibs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Hot Water Heater Capacity:	Gallons	Type of Hot Water Heater: <input type="checkbox"/> Tank <input type="checkbox"/> Tankless <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Hot Water Heater Recovery Rate: GPH
Is there a grease interceptor present?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If yes, where is it located?	<input type="checkbox"/> Outside In-ground <input type="checkbox"/> Indoors <input type="checkbox"/> Other: