



REMODEL PERMIT APPLICATION

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

OWNER INFORMATION			
Select One: <input type="checkbox"/> The establishment will be operating during the remodel <input type="checkbox"/> The establishment will not operate during the remodel		Does the remodel require a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> When is the expected completion date of the remodel?	
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			
<p>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.</p> <p>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.</p>			
Owner/Owner Representative Print Name:		Owner/Owner Representative Sign Name:	
Owner/Owner Representative Title:		Date:	

REMODEL QUESTIONNAIRE

I. Person in Charge Contact Information			
Name:			
Position/Title:			
Telephone Number:		Email Address:	
II. Scope of Work			
List the name of the permitted area(s) that are being remodeled:		Permit Number:	
Is equipment being added/removed/relocated? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes to the menu/seating/square feet? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes to the floors, walls, ceilings, or finishes? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe:			
Will there be any changes in Electrical/Plumbing/Gas Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Project Start Date:			
Notes:			
Inspection cancellations must be made before the inspector is on route to the facility to avoid a missed appointment fee.			
Print Name		Signature	