



ENVIRONMENTAL HEALTH

625 Shadow Lane, Las Vegas, NV 89106
(702) 759.1258 | www.SNHD.info

PLAN REVIEW APPLICATION (PLEASE PRINT LEGIBLY)

PROJECTED DATE OF OPENING: _____ PLEASE CHECK ONE: NEW REMODEL

SEPTIC TANK: YES NO WATER SUPPLY: WELL MUNI SYSTEM

HOURS OF OPERATION: OPEN: _____ CLOSE: _____

APPROXIMATE NUMBER OF TOTAL EMPLOYEES: _____ DRIVE-THRU: YES NO

PLEASE CHECK THE APPROPRIATE BOX:

BAR: # OF SEATING _____ SNACK BAR: # OF SEATS _____
LICENSE:
 RESTRICTED UNRESTRICTED

RESTAURANT: # OF SEATS _____ SERVICE BAR

KITCHEN: FT² _____ MARKET: FT²: _____

FOOD PROCESSOR: FT² _____ BAKERY: FT² _____

WAREHOUSE: FT² _____ OTHER: FT² _____

CHILD CARE: FT² _____ TYPE OF SCHOOL
CAPACITY _____ (ELEM/MS/HS) _____

CHILDREN'S CAMP: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

(Need actual address – if not available, please use major cross streets with corners). AS SOON AS ACTUAL ADDRESS IS AVAILABLE, IT MUST BE CALLED IN TO SNHD, PLAN REVIEW.

OFFICE USE ONLY

AFTER THE FACT FEES _____

REVISED PLANS _____

PRELIMINARY PLANS _____

BUILDING MEMO _____

NOTES: _____



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OWNERSHIP NAME: _____

Corporation, partnership, LLC, or sole proprietor of business. (If Corporation, please list 3 officers. If LLC, please list 3 members. If partnership, please list 3 partners names.)

OWNER'S ADDRESS: _____

(Corporation address and phone number).

COMMENT LETTER SHOULD BE ADDRESSED TO: _____

NCIAA AFFIDAVIT: I, the applicant or duly authorized agent of the applicant, do hereby attest and affirm and that the aforementioned FACILITY is EXEMPT [initial: _____] OR NOT EXEMPT [initial: _____] from compliance with the requirements of NRS 202.2483 inclusive.

OWNER'S SIGNATURE: _____ DATE: _____

PLEASE PRINT OWNER'S NAME: _____

YOU MUST CALL TO MAKE AN APPOINTMENT TO SUBMIT PLANS FOR REVIEW. (702) 759-1258.

ALL FEES (PLAN REVIEW AND ANNUAL HEALTH PERMIT) MUST BE PAID AT THE TIME OF APPOINTMENT. FORMS OF PAYMENT: CASH,

VISA, MASTERCARD (MUST MATCH I.D. EXACTLY), OR BUSINESS CHECK (MADE OUT TO S.N.H.D.) ALL PLAN REVIEW APPOINTMENTS ARE HELD AT 625 SHADOW LANE (NORTH OF CHARLESTON/WEST OF THE 15), WING NUMBER 1.