



Southern Nevada Health District | Environmental Health Division - Consumer Health Section

Aquatic Health: (702) 759-0572 email: Aquatic@snhd.org

Body Art/Childcare/School Facilities: (702) 759-0677 email: SpecialPrograms@snhd.org

ENVIRONMENTAL HEALTH PRELIMINARY MEETING APPLICATION

☐ AQUATIC HEALTH ☐ BODY ART/CHILDCARE/SCHOOLS

Type of meeting requested:

☐ Office Preliminary/Advisory Plan Review Meeting (\$249/hour)

☐ In Person ☐ Virtual Meeting

☐ Field Preliminary/Advisory Plan Review Meeting (\$304/hour)

Is this the first preliminary meeting regarding this project?

☐ Yes ☐ No

I. General Information	
Name of Project:	
Available Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> AM <input type="checkbox"/> PM
Number of Meeting Attendees:	
Attendee #1 Name:	Email:
Attendee #2 Name:	Email:
<i>Attach list of any additional attendee names and email addresses</i>	
Anticipated Project Start Date:	
Anticipated Deadline for Project Completion:	
II. Ownership Information (Owner legal name, address, etc.)	
Owner Name:	
Owner Address:	
Owner Telephone and Email Address:	
III. Facility/Site Information (Physical location of project)	
Facility/Site Address:	
Assessor's Parcel Number (APN):	
IV. Requestor Information	
Requestor Name:	
Requestor Title (Contractor, builder, owner's representative, etc.):	
Requestor Telephone and Email Address:	

**Please be aware that while we always attempt to schedule meetings as close as possible to the requested date, scheduling will be based on staff availability.*

By signing below, the requestor acknowledges that the preliminary meeting does not include submission or review of plans, and agrees to pay any fees due per the [SNHD EH Fee Schedule](#) at the time of the appointment.

Requestor Name (Print)

Requestor Signature