

REMODEL APPLICATION

WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

OWNER INFORMATION			
Mark all that apply (REQUIRED): <input type="checkbox"/> New Permit <input type="checkbox"/> Change of Permit Holder <input type="checkbox"/> Remodel			New Construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			Is the facility open and operating? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:		Corporation or LLC Name (must match business license):	
Mailing Address:			Suite/Apt:
City:		State:	ZIP Code:
Owner Phone:	Alternate Phone:	Owner E-Mail:	
Who may the inspector contact for Plan Review?			
Name:	Phone:	Email:	
BUSINESS INFORMATION			
Name of Business (DBA):			
Physical Address:			Suite/Unit:
Assessor's Parcel Number (Required if no physical address is available):		Business License Jurisdiction: <input type="checkbox"/> CLV <input type="checkbox"/> CC <input type="checkbox"/> NLV <input type="checkbox"/> HEND	
City:		State: Nevada	ZIP Code:
Business Phone:	Business E-Mail:	Health Permit(s) and Invoices may be mailed to: <input type="checkbox"/> Owner's Address <input type="checkbox"/> Business Address	
Projected Opening Date:	Hours of Operation:		
Septic Tank: <input type="checkbox"/> YES <input type="checkbox"/> NO	Municipal Sewer Connection: <input type="checkbox"/> YES <input type="checkbox"/> NO	Water supply: <input type="checkbox"/> Municipal System <input type="checkbox"/> Well <input type="checkbox"/> N/A	Grease Interceptor <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Nevada Clean Indoor Air Act (NCIAA): <input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt from compliance with the requirements of NRS 202.2483 inclusive		Do any existing health permits require deletion? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , you must fill out a <i>Notice of Business Closure</i> form.	
PERMIT TYPE			
<input type="checkbox"/> Annual Event Coordinator	<input type="checkbox"/> Childcare	<input type="checkbox"/> School	<input type="checkbox"/> Water Store
<input type="checkbox"/> Bar	<input type="checkbox"/> Cosmetic Manufacturer	<input type="checkbox"/> Supplement/Drug Manufacturer	<input type="checkbox"/> Vending Machine
<input type="checkbox"/> Body Art	<input type="checkbox"/> Food / Drink	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Other:
ACKNOWLEDGEMENT			
Nevada Revised Statute 446.930 requires that properly prepared plans and specifications be submitted to the Health Authority for review and approval when construction or remodeling of food and drink establishments is anticipated, and prior to the start of such work. Applications submitted for establishments after construction has begun or greater than 30 days after taking over ownership will be charged late fees as provided in the EH Fee Schedule .			
I acknowledge that I have answered all questions honestly, accurately, and completely and that I have read and understand the General Information listed above. I will comply with SNHD REGULATIONS and allow the HEALTH AUTHORITY unimpeded access to the establishment and to records as required.			
Owner/Applicant → Signature:		Owner/Applicant → Print Name:	
Owner/Applicant → Title:		→ Date:	

INSTRUCTIONS FOR SUBMISSION OF PLANS FOR REVIEW

WWW.SNHD.INFO | FoodRev@snhd.org | (702) 759-1258

Electronic Submissions for Remote Review (Preferred)

Applications may be submitted electronically, without an appointment, to FOODREV@SNHD.ORG . If you are submitting a large file and would like an upload link, please call (702) 759-1258 to request one.

Once staff have verified that the application packet is complete (see attached **Minimum Requirements for Plan Submission**), you will receive a plan review appointment invitation. Plans are reviewed remotely on the day of the appointment. An inspector will contact you via phone or email when they begin reviewing your plans. The plan status, required corrections, and an invoice will be provided to you via email after the review is complete.

In-Person Submissions

If you are unable to submit your application electronically, you may schedule an appointment on a “first come, first served basis” for in-person submission by calling (702) 759-1258.

Payment of Fees

- Plan Review and Annual Health Permit fees must be paid upon receipt of the invoice.
- Plan Review Fees are not refundable.
- Fees may be paid online: www.snhd.info/eh/payment
- The Fee Schedule may be found on our website: www.snhd.info/permits-regulations
- Forms of payment accepted are: Cash, Credit, Business Check (no starter checks), and Money Order.

WE ACCEPT



Inspections

A pre-permitting inspection may be required or requested prior to the final permitting inspection. Failure to provide proof of approvals, if required, from other agencies of jurisdiction (such as Fire Prevention or Building & Safety) may delay the final approval of the project.

Inspection cancellations must be made prior to the inspector's arrival at the facility. A re-inspection fee for each permit will be assessed if the establishment is not ready for a scheduled inspection. All fees must be paid prior to scheduling any field appointments.

Establishments must be fully functional, with water, power, gas, and hot water, with equipment fully operational. A Certificate of Occupancy or Temporary Certificate of Occupancy must be obtained prior to the final permitting inspection for new construction or remodel projects as required by the jurisdiction. Establishments may not stock food or open for business until after the final permitting inspection has been completed and passed and approvals from other agencies have been obtained.

Other Information

Undisclosed design or operational characteristics on plans and/or applications do not constitute approval of such mistakes or omissions. It is the responsibility of the permit holder to properly develop the project and contact all applicable agencies and SNHD programs for approvals such as Individual Sewage Disposal System, Public Water Systems, Underground Storage Tanks, HACCP/ Labeling, etc.

Appointments for review will not be conducted until staff verify that the application packet is complete and all required documents, as specified in the *Minimum Requirements for Plan Submission* (attached), are turned in.

I, the undersigned, as a representative of the permit holder/applicant, have read, understand, and agree to be held to the conditions and responsibilities as provided in this document.

Owner/Applicant → Signature:	Owner/Applicant → Print Name:
Owner/Applicant → Title:	→ Date:

OFFICE USE:

PERMIT NAME/IDENTIFIER	RISK	SQ FT/SEATS	PR NUMBER	SR NUMBER

MINIMUM REQUIREMENTS for PLAN SUBMISSION - REMODEL

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 REMODEL

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- 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 – If changes to the menu are made.

CHILDCARE, SCHOOL, AND INSTITUTION REMODEL

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- 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.
- Room dimensions and occupancy information must be provided if changes to room dimensions or occupancy are made.
- If there are classrooms for children under 5 years old, toilet heights (floor to rim) and hand sink heights must be provided if the remodel involves the restroom areas.

BODY ART REMODEL

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- 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.
- Documentation of spore testing of sterilizers if the remodel includes additional sterilization equipment
- Current Body Art Card

HOTEL/MOTEL & DRUGS, COSMETICS, SUPPLEMENT MANUFACTURER REMODEL

- A completed application and signed *Instructions for Submission of Plans for Review*.
- A contact person who can answer questions about the facility operation and plans.
- 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.

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:		Project Completion Date:	
Notes:			
Print Name		Signature	

Missed appointment fees will apply if you are unavailable at the appointment start time, per the [SNHD EH Fee Schedule](#).