



**City of Elko
Fire Department**

911 Idaho St., Elko, NV 89801
Phone (775) 777-7345 Fax (775) 777-7359
www.ci.elko.nv.us/pubsafety/fire.htm

FIRE SPRINKLER PERMIT APPLICATION
SUBMIT THREE COMPLETE SETS OF PLANS (2 WET STAMPED)

Application Date _____ **APN** _____ **Permit No.** _____

Please provide the following information. Only complete applications can be accepted.

OWNER / TENANT INFORMATION		
Name:		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
Address: (if different from job address)		
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax number:	e-mail:	
JOB INFORMATION		
Tenant Name:		
Address:		
		Contract Amount:
CONTRACTOR INFORMATION		
Name:		
Address:		
City, State, Zip:		
NV License Number	NICET Cert Number	City of Elko License Number
Office Phone:	Cell Phone:	Please circle preferred method of contact
Fax Number:	e-mail:	

NEW SPRINKLER INSTALL	Number of new heads: _____	<i>Describe why new sprinklers are being installed (i.e. New tenant improvement, office space, etc.)</i>
RELOCATE EXISTING SPRINKLERS	Number of heads relocated: _____	<i>Describe why the sprinklers are being relocated:</i>
DROP EXISTING SPRINKLERS	Number of heads to drop: _____	<i>Describe why the sprinkler heads are being dropped:</i>

Estimated Valuation	Occupancy type
Square Footage	Occupancy Load

By signing this application, I certify that the above information is true and correct to the best of my knowledge and that I have authority and permission to submit this application.

Applicant Name – Printed

Applicant Signature

Date