



APPLICATION FOR POOL, SPA, AND/OR WATER FEATURE

333 North Rancho Drive, Las Vegas NV 89106-3703

Phone: (702) 229-6251 Fax: (702) 382-1240

Project # _____ (CLV USE ONLY) VALUATION: \$ _____

PROJECT/TENANT NAME: _____

PROJECT ADDRESS: _____ ZIP: _____

FOR: Commercial and Public Single Family Residence Clark County Health District Approval

Pool only Spa only Pool and Spa Water feature Gas line/Potable water Septic

Total Gallons Pool and Spa: _____ Pool Surface Area: _____ Spa Surface Area: _____

APPLICANT INFORMATION:

Owner/Builder (Residential only on primary residence)

Company Name: _____ Individual Name: _____

Phone: _____ Fax: _____ Email: _____

CONTRACTOR INFORMATION:

Company Name: _____ State Contractor License: _____ CLV Business License: _____

PLUMBING CONTRACTOR INFORMATION:

Company Name: _____ State Contractor License: _____ CLV Business License: _____

ELECTRICAL CONTRACTOR INFORMATION:

Company Name: _____ State Contractor License: _____ CLV Business License: _____

STRUCTURAL ENGINEER INFORMATION:

Company Name: _____ CLV Business License: _____

Attached plans prepared by: _____

Plumbing plans prepared by: Contractor Design Professional Owner

Electrical plans prepared by: Contractor Design Professional Owner

Structural plans prepared by: Contractor Design Professional Owner

Additional permits required:	
<input type="checkbox"/> Plumbing	valuation: \$ _____ <i>(Only if gas line or potable water is being installed)</i>
<input type="checkbox"/> Electrical	valuation: \$ _____

**Permit Expires 180 Days After
Abandonment of Work**

Permits expire when no inspection has been approved for any 180-day period after the permit has been issued.