

## **High Piled Storage Application**

Project Address (Required):(Street N	Lot/Suite #		
(Street N	Number & Name and/or Parcel Number)		
Tenant or Project Name:		OT Review	
		Requested	
Reference Building Permit Number (if	applicable):		
Contact Information (email and phone	e are required information):		
Applicant/Contact Information	Contractor Information		
Company Name:	Company Name:		
Individual Name:	Name of Qualified Individua	Name of Qualified Individual:	
Address:	NV State Contractor License	NV State Contractor License #:	
City/State/Zip:	NV State Fire Marshal's Lic	NV State Fire Marshal's License #:	
Email:	Address:	Address:	
Phone:	City/State/Zip:		
	Email:		
	Phone:		
Is a racking system being installed?			
What is the storage area in square feet?			
What is the height of the storage racks?			
What is the lineal footage of the storage	e?		
Check <u>only one</u> appropriate box. For m	nixed commodities, select the most restrictive	e.	
Class Parameters	Area Parameters		
☐ Class I, II or III	Under 12,000 square feet high piled/r	ack/shelf	
☐ Class I, II or III	Over 12,000 square feet high piled/rad	ck/shelf	
☐ Class IV	Under 12,000 square feet high piled/r		
☐ Class IV	Over 12,000 square feet high piled/rac		
☐ High Hazard	Under 12,000 square feet high piled/r		
☐ High Hazard	Over 12,000 square feet high piled/rad		