

All permits are required to be applied for online at:  
[dsconline.cityofhenderson.com](https://dsconline.cityofhenderson.com)



## Miscellaneous Fire Protection Application

**Project Address (Required):** \_\_\_\_\_ **Lot/Suite #** \_\_\_\_\_  
*(Street Number & Name and/or Parcel Number)*

**Tenant or Project Name:** \_\_\_\_\_

**Reference Building Permit Number (if applicable):** \_\_\_\_\_

<b>OT Review</b> <input type="checkbox"/> <b>Requested</b>
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**Contact Information (email and phone are required information):**

<b>Section 1</b>	Applicant/Contact Information	Contractor Information
	Company Name:	Company Name:
	Individual Name:	Name of Qualified Individual:
	Address:	NV State Contractor License #:
	City/State/Zip:	NV State Fire Marshal's License #:
	Email:	Address:
	Phone:	City/State/Zip:
		Email:
	Phone:	

<b>Section 2</b>	<p><b>Scope of Work:</b></p>   
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<b>Section 3</b>	<p><b>Select (1) permit type per application:</b></p> <p><input type="checkbox"/> Battery Storage System</p> <p><input type="checkbox"/> Emergency Responder Radio Coverage System</p> <p><input type="checkbox"/> Hazardous Materials Storage</p> <p><input type="checkbox"/> Heliports/Helistops/Emergency Landing Pad</p> <p><input type="checkbox"/> Industrial Oven</p> <p><input type="checkbox"/> Liquid Propane (LP) Gas System</p> <p><input type="checkbox"/> Refrigeration System</p> <p><input type="checkbox"/> Spray Booth (Booth Only)</p> <p><input type="checkbox"/> Spraying or Dipping (Equipment/Operation)</p> <p><input type="checkbox"/> Two-Way Communication System</p> <p><u>Flammable &amp; Combustible Liquids</u></p> <p><input type="checkbox"/> Dispensing, Tank, Equip, Plant, Pipeline, Etc.</p> <p><input type="checkbox"/> CUP #: (if applicable) _____</p> <p><u>Misc. Fire Protection Equipment</u></p> <p><input type="checkbox"/> Horn-Strobe Add (to existing monitoring system)</p>	<p><u>Compressed Gas System</u></p> <p><input type="checkbox"/> CO2 Monitoring System</p> <p><input type="checkbox"/> Other _____</p> <p><u>Cryogenics</u></p> <p><input type="checkbox"/> Cryogenic Fluid System</p> <p><input type="checkbox"/> CUP #: (if applicable) _____</p> <p><u>Medical Gas System</u></p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Tenant Improvement/Remodel</p> <p><u>Plant Extraction System</u></p> <p><input type="checkbox"/> Cannabis</p> <p><input type="checkbox"/> CUP #: _____</p> <p><u>Smoke Control/Removal System</u></p> <p><input type="checkbox"/> Smoke Control</p> <p><input type="checkbox"/> Smoke Removal</p> <p><input type="checkbox"/> Smoke Control/Removal Combo</p>
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