



North Lake Tahoe Fire Protection District

866 Oriole Way
Incline Village, NV 89451
Phone: (775) 831-0351/ Email: plans@nltpd.net

DATE STAMP:

PROJECT SUBMITTAL APPLICATION

PROJECT NAME & ADDRESS:

CHECK PROJECT TYPE(S): Automatic Sprinkler Fire Alarm Extinguishing System

TRPA Pre-Review Other (Specify Type)

PROJECT AREA (Sq Ft): BUILDING USE:

OCCUPANCY TYPE: CONSTRUCTION TYPE:

PROJECT VALUATION: FEE PER NLTFPD 22-01

Property Owner	OWNER:		
	MAILING ADDRESS:	PHONE:	
	CITY:	STATE:	ZIP:
	EMAIL:		

Contractor	CONTRACTOR:	CONTRACTOR LIC.#	NV BUS. ID#:
	MAILING ADDRESS:	PHONE:	
	CITY:	STATE:	ZIP:
	EMAIL:		

Point Of Contact	APPLICANT:		
	MAILING ADDRESS:	PHONE:	
	CITY:	STATE:	ZIP:
	EMAIL:		

By physically signing or electronically signing and submitting this application I acknowledge that all work will be performed in compliance with the codes and standards adopted by North Lake Tahoe Fire Protection District, Per Resolution 18-1,18-2 and 22-01. Furthermore, all work will be completed by contractors and/or employees licensed through either the Nevada State Fire Marshal Division and/or the Nevada State Contractors Board, as applicable by NAC 477.300 and NRS 624.020.

SIGNATURE: _____

* The POC or Point of Contact is the sole individual tasked with corresponding or communicating with the NLTFPD. All communications from this office will be addressed to the POC.

FOR OFFICIAL USE:		
NLTFPD Permit #:	STAFF:	DATE:
_____	_____	_____
AMOUNT REC'D:	NOTES:	
_____	_____	