



City of Sparks  
 City Works Division/Fire Prevention Plan Review Section  
 1675 East Prater Way Suite 107  
 Sparks, NV 89434  
 Phone: 775 353-2306 Fax: 775 353-2470  
[www.cityofsparks.us](http://www.cityofsparks.us)



## RACKING and/or HIGH PILE STORAGE PERMIT APPLICATION

### A FLOOR PLAN MUST BE PROVIDED WITH APPLICATION

*Important: Every line is required to be filled in. Plans **WILL NOT BE REVIEWED**, if any information is lacking. Please use "N/A" for sections that do not apply.*

Job Information		Contractor Information	
Address:	Unit:	Company Name:	
Tenant Name:		<b>Person Responsible:</b>	
		Address:	
Contract Amount/Valuation:		City, State Zip:	
Owner Information		NV License #:	
Name:		Sparks License #:	
Address (if different from job address):		Office Phone:	
Business Phone:		Cell Phone:	
Contact Phone:		Email Address:	

#### INFORMATION ON STRUCTURE

<u>Linear Feet of Racking</u>	<u>Pallet Racking Height</u>	What is the commodity height above rack? _____
LF	FT	Height of Solid Pile Area: _____
		Height of Bin Boxes: _____
<u>Square Feet Floor Storage</u>	<u>Smallest Aisle Width</u>	<u>Distance from top of storage to bottom of roof joists.</u>
SF	FT	FT

**Commodities:** Please see Uniform Fire Code, Article 81, Sections 8101.4-8101.4.1.6.

Class I     
  Class II     
  Class III     
  Class IV     
  HIGH

**Description of commodities in detail:** \_\_\_\_\_

**If plastics:** Please see Uniform Fire Code, Article 81, Sections 8101.4.2-8101.4.2.4.

Group A     
  Group B     
  Group C     
 \_\_\_\_\_ % of PLASTIC

**What type of packing material is being used?**

Peanuts     
  Plastic     
  Other \_\_\_\_\_

**Commodities:** (Approx.) \_\_\_\_\_ % Pallet Racking    \_\_\_\_\_ % Solid Pile    \_\_\_\_\_ % Bin Boxes    \_\_\_\_\_ %

**Type of Racking:**     Single Row     Double Row     Multi-Row     Automatic Storage

**What is the material being stored on? (TYPE OF PALLET)**

Wood     
  Plastic     
  Solid     
  Slatted

**Type of shelving?**

Solid     Wire     Slatted

**Please check only one:**

Encapsulated     Non-encapsulated

# RACKING PERMIT APPLICATION

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## SPRINKLER SYSTEM INFORMATION

Density _____ Area _____	Make & Model of Sprinkler Heads <input type="checkbox"/> Upright <input type="checkbox"/> Pendant	What is the degree of the Sprinkler Heads? _____ Type of System <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> E.S.F. R. <input type="checkbox"/> Other
Occupancy	K-Factor	
Are there in rack sprinklers? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what levels of racks _____ & what is the spacing _____?		
A copy of the approved fire sprinkler plans must be submitted with this application. Enter Permit Number: _____		

## SMOKE & HEAT VENTS

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, include ceiling plan showing location of vents with submittal.
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## CURTAIN BOARDS

<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, show location on floor plan with submittal.
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## HAZARDOUS MATERIALS

Are there hazardous materials in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the following information with submittal:	
<ol style="list-style-type: none"> <li>1. Material Safety Data Sheets (M.S.D.S.)</li> <li>2. How is the material stored? (Racks, Cabinets, Floor, etc.)</li> <li>3. Containment?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ol>	

## BUILDING INFORMATION

Occupancy Group	Construction Type	Square Feet of Total Building

*By signing this permit I am agreeing that the information contained is true and accurate to the best of my knowledge and that I am authorized to submit this application for review.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date Signed