



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



RACKING/SHELVING PERMIT APPLICATION
A FLOOR PLAN and FIRE SPRINKLER 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:		Person Responsible:	
		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>Square Feet Floor Storage</u>	<u>Linear feet:</u>	<u>Smallest Aisle Width</u>	<u>Distance from top of storage to bottom of roof joists.</u>
		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 HAZARD

Description of commodities in detail: _____

If plastics: Please see International Fire Code Chapter 23, section 2303.

- 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 _____ %

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

- Wood Plastic Solid Slatted

Continued on reverse side ↗

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	

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.

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

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"> 1. Material Safety Data Sheets (M.S.D.S.) 2. How is the material stored? (Racks, Cabinets, Floor, etc.) 3. Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
If no, please describe materials stacked:	

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