



# POOL, SPA, AND/OR WATER FEATURE APPLICATION

[www.LasVegasNevada.gov/BuildingPermits](http://www.LasVegasNevada.gov/BuildingPermits)

Phone: (702) 229-6251

- ❖ Projects are submitted through your dashboard on **GOOGLE CHROME** at: [www.LasVegasNevada.gov/Dashboard](http://www.LasVegasNevada.gov/Dashboard)
- ❖ Contractor/Designer stamps and signature required on all plans.
- ❖ Electronic signatures and scanned PDF plans are acceptable from contractors.
- ❖ The plans attached in the approval email must be available on the jobsite. The permit/inspection card can also be printed at: [www.LasVegasNevada.gov/CheckStatus](http://www.LasVegasNevada.gov/CheckStatus)

### SUBMIT THE FOLLOWING:

#### ➤ RESIDENTIAL PROJECTS

- ❖ This completed application.
- ❖ Structural plans and calculations uploaded to the structural plan and structural calculation buckets respectively.
- ❖ One PDF containing signed/stamped plot plan, plumbing, and electrical, uploaded to the electrical plan bucket.
- ❖ Swimming Pool Guideline, [click here](#), should be used to ensure plans are complete
- ❖ Electrical Load Calculations. The following worksheet, [click here](#).

#### ➤ COMMERCIAL PROJECTS

- ❖ This completed application.
- ❖ Structural plans and calculations uploaded to the structural calculation buckets respectively.
- ❖ One PDF containing signed/stamped plot plan, plumbing, and electrical, uploaded to the electrical plan bucket.
- ❖ **NOTE: SNHD's APPROVAL IS REQUIRED PRIOR TO RECEIVING A POOL PERMIT.**

Permit# \_\_\_\_\_ (CLV USE ONLY) Valuation\$ \_\_\_\_\_

Project/Tenant Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is This Permit Part of a Code Enforcement Case Case Number# \_\_\_\_\_

Select all that apply:

- Commercial and Public   
  Single Family Residence   
  Pool   
  Spa   
  Water Feature  
 Gas line/Potable Water   
  Septic   
 County Health District Approval (Required for public pools and/or septic)

Total Gallons Pool and Spa: \_\_\_\_\_

Pool Surface Area: \_\_\_\_\_

Spa Surface Area: \_\_\_\_\_

Total Surface Area: \_\_\_\_\_

### Contractor/Property Owner Information

Owner/Builder (Residential Only on primary residence)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Information:

Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ State Contractor License# \_\_\_\_\_ CLV Business License# \_\_\_\_\_

***Building Permits expire 180 days after issuance if no passed inspections performed.***