



**City of Elko
Fire Department**

911 Idaho St., Elko, NV 89801
Phone (775) 777-7345 Fax (775) 777-7359
www.ci.elko.nv.us/pubsafety/fire.htm

RACKING and/or HIGH PILE STORAGE PERMIT APPLICATION
A floor plan must be submitted with this application

Application Date _____ **APN** _____ **Permit No.** _____
Please provide the following information. Only complete applications can be accepted.

JOB INFORMATION		CONTRACTOR INFORMATION	
Address:		Company Name:	
		Person Responsible:	
Tenant Name:		Address:	
Contract Amount / Valuation:		NV License #:	
OWNER INFORMATION		City of Elko License #:	
Name:		Office Phone:	
Address:		Cell Phone:	
		Fax :	
Contact Phone:		e-mail:	
INFORMATION ON STRUCTURE			
<u>Linear Feet of Racking:</u> LF	<u>Pallet Racking Height:</u> FT	Commodity Height Above Rack: _____ Height of Solid Pile Area: _____ Height of Bin Boxes: _____	
<u>Square Feet of Floor Storage:</u> SF	<u>Smallest Aisle Width:</u> FT	<u>Distance from top of storage to bottom of roof joists:</u> FT	
Commodities: (Please See 2009 International Fire Code) <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> High			
Description of commodities in detail:			
Plastics: (Please See 2009 International Fire Code) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C % PLASTIC			
What type of packing material is being used? <input type="checkbox"/> Peanuts <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____			
Commodities:	Pallet Racking _____ %	Solid Pile _____ %	Bin Boxes _____ %
Type of Racking: <input type="checkbox"/> Single Row <input type="checkbox"/> Double Row <input type="checkbox"/> Multi-Row <input type="checkbox"/> Automatic Storage			
What is the material being stored on? (TYPE OF PALLET) <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Solid <input type="checkbox"/> Slatted			
Type of shelving? <input type="checkbox"/> Solid <input type="checkbox"/> Wire <input type="checkbox"/> Slatted		Please check only one: <input type="checkbox"/> Encapsulated <input type="checkbox"/> Non-encapsulated	

By signing this application, I certify that the above information is true and correct to the best of my knowledge and that I have authority and permission to submit this application.

Applicant Name – Printed

Applicant Signature

Date

