

STATE OF NEVADA  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
ENVIRONMENTAL HEALTH SECTION

[www.dpbh.nv.gov](http://www.dpbh.nv.gov)

**PLAN REVIEW APPLICATION FOR PUBLIC, PRIVATE AND  
CHARTER SCHOOLS**



Tracking No: \_\_\_\_\_

Date Approved \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Establishment Type (Check as many as apply):**

Public  Private  Charter

Business Information							
<b>Name of Public Institution</b>							
Physical							
Mailing Address							
Business Phone							
<b>Contact Name</b>							
Telephone						Alt. Phone	
Email Address							
<b>Contractor Name</b>							
Phone						Alt. Phone	
Address							
Email address							
<b>Architect/Engineer Contact</b>							
Phone						Alt. Phone	
Address							
Email address							
Facility Information							
<input type="checkbox"/> New Construction Date:				<input type="checkbox"/> Remodel Date:		<input type="checkbox"/> Estimated Completion Date:	
Hours of Operation							
Open: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (if seasonal) Date Open: _____ Date Close: _____							
Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Water Information							
<input type="checkbox"/> Well		<input type="checkbox"/> Community Water		<input type="checkbox"/> Other: _____			
Sewage System and Sanitation Facilities							
<input type="checkbox"/> Individual Sewage Disposal System			<input type="checkbox"/> Community Sewer		<input type="checkbox"/> Other: _____		
Garbage Facilities							
Are refuse containers fly proof, watertight and rodent proof? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Other Facility Information (Check as many as apply)							
<input type="checkbox"/> Restrooms/showers			<input type="checkbox"/> Play Ground(s)			<input type="checkbox"/> Utility Room	
<input type="checkbox"/> Food Facility/Concession Stand*			<input type="checkbox"/> Janitors Closet(s)			<input type="checkbox"/> Science Lab	
<input type="checkbox"/> Gymnasium/Recreational Facility			<input type="checkbox"/> Vocational Facility			<input type="checkbox"/> Specialty Equipment	
<input type="checkbox"/> Pool(s)/Spa(s)/Whirlpools			<input type="checkbox"/> Classroom Kitchen			<input type="checkbox"/> Nurses Room/Medication Storage	
<input type="checkbox"/> Free Standing Modular/Classroom			<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____	

**\*NOTE: Food Facility/Concession stand: Must complete a separate application for Supplemental Food Establishments.**

**I certify that I am the legal owner of the property or an authorized representative of the property owner and that the information on this application is true and correct.**

Signature of Applicant	Print Name	Date