



# Clark County Building Department

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

## Sub-Permit Application Residential Commercial

James Gerren, P.E., Director  
Werner Hellmer, P.E., Deputy Director ~ Scott Telford, P.E., Deputy Director

ELECTRICAL     LOW VOLTAGE     MECHANICAL     PLUMBING

APPLICATION NO.:

Assessor Parcel#: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_ General's Building Permit #: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Property Owner Email: \_\_\_\_\_

### CITIZEN ACCESS CONTACT INFORMATION

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact ID: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

### DESCRIPTION OF WORK

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PLANS ATTACHED

NO PLANS

### CONTRACTOR'S DECLARATION

### OWNER/BUILDER DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ MULTI-JURISD. BUSINESS LIC.#: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

PROPERTY OWNER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ELECTRICAL	PRICE / FEE	MECHANICAL	PRICE / FEE	PLUMBING	PRICE / FEE
Electrical Project Valuation	\$ _____	Mechanical Project Valuation	\$ _____	Plumbing Project Valuation	\$ _____
OR		OR		OR	
Percent of Building Permit (Electrical Permit Fee – 18%)	_____	Percent of Building Permit (Mechanical Permit Fee – 15%)	_____	Percent of Building Permit (Plumbing Permit Fee – 16.5%)	_____

### COMMENTS

### PERMIT FEES

COMMENTS

Permit Fee: \$ \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

25% \$ \_\_\_\_\_

35% \$ \_\_\_\_\_

NOV FEE: \$ \_\_\_\_\_

\_\_\_\_\_ : \$ \_\_\_\_\_

TOTAL FEE: \$ \_\_\_\_\_

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Bldg Plan Review By: \_\_\_\_\_ Date: \_\_\_\_\_