



Clark County Department of Building & Fire Prevention

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

Hourly Plan Review Application

Jerome A. Stueve, P.E., Director
Samuel D. Palmer P.E., Assistant Director • Girard Page, Fire Marshal

PLAN REVISION

PLAN REVISION + ADDITIONAL SCOPE

DEFERRED DESIGN

STANDARD PLAN

CHANGE IN OCCUPANCY

LIFE SAFETY PACKAGE

LIFE SAFETY SYSTEM TESTING

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER:

TWO (2) COPIES OF THIS COMPLETED FORM AND PLANS ARE REQUIRED FOR BUILDING REVIEWS.

THREE (3) COPIES ARE REQUIRED IF ZONING APPROVAL IS REQUIRED (SEE ATTACHED CHECKLIST).

ORIGINAL/NEW PERMIT #: _____

REVISION #: _____

PROJECT INFORMATION

Project Name: _____

Project Address: _____

(Include Suite/Space No. or Letter Designation if Applicable)

CITIZEN ACCESS CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____ Contact ID: _____

Applicant Signature: _____ Date: _____

DESCRIPTION

Detailed description of work and construction documents being submitted:

ITEM TYPE

CHECK THE PLAN TYPES SUBMITTED WITH THIS APPLICATION:

Architectural (incl. firestopping)	LS Final Report
ATS	LS Test Plan
Basis of Design	Mechanical
Civil	Plumbing
Egress	Smoke Control
Electrical	Steel Fireproofing
Fire Protection Report	Structural
Geotechnical	Zoning

FOR BUILDING DEPARTMENT USE ONLY

HOURLY RATES PER CLARK COUNTY DEPARTMENT OF BUILDING ADMINISTRATIVE CODE

(1/2 HOUR MINIMUM PER SECTION 22.02.430, TABLE 3-1)

Zoning: _____ Time: _____ Fee: \$ _____

Civil: _____ Time: _____ Fee: \$ _____

Architectural: _____ Time: _____ Fee: \$ _____

Structural: _____ Time: _____ Fee: \$ _____

Geotechnical: _____ Time: _____ Fee: \$ _____

Electrical: _____ Time: _____ Fee: \$ _____

Plum/Mech: _____ Time: _____ Fee: \$ _____

Fire Protection: _____ Time: _____ Fee: \$ _____

ATS: _____ Time: _____ Fee: \$ _____

TOTAL: \$ _____

ADDITIONAL SCOPE PERMIT FEES

Valuation: \$ _____

Permit Fee: \$ _____

Plan Review Fee Paid: \$ _____

Bldg Plan Review Fee Bal. _____

Due or Credit: \$ _____

Zoning Plan Review Fee: \$ _____

Park Fee: \$ _____

Transportation Fee: \$ _____

Water Fee: \$ _____

PFNA Fee: \$ _____

MSHCP Fee: \$ _____

Mitigation Report Fee: \$ _____

Traffic Mitigation Fee: \$ _____

NOV Fee: \$ _____

_____ \$ _____

TOTAL: \$ _____



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Hourly Plan Review Checklist

Samuel D. Palmer, Acting Director/Building & Fire Official • Girard Page, Fire Marshal

ORIGINAL PAC #: _____ REVISION #: _____

PLEASE CHECK THE APPROPRIATE BOXES WHICH APPLY TO THIS APPLICATION

<u>YES</u>	<u>NO</u>	<u>ITEM DESCRIPTION</u>
		CHANGE IN OCCUPANCY - NO CONSTRUCTION TO BE PERFORMED
		ANY EXTERIOR ELEVATION CHANGES
		CHANGE IN ANY REFLECTIVE MATERIALS
		PARKING
		LANDSCAPING
		CURB CUT LOCATIONS
		PARCEL ACCESSIBILITY
		ON-SITE CIRCULATION
		TRASH ENCLOSURE LOCATION
		AREA LIGHTING (CHANGE OF LOCATION OR HEIGHT)
		APARTMENT/CONDOMINIUM UNIT RECONFIGURATION (INCREASE/DECREASE OF UNIT SQUARE FOOTAGE)
		WALL/FENCE (LOCATION/HEIGHT)
		BUILDING SETBACKS
		SCOPE OF SITE IMPROVEMENTS (INCREASE/DECREASE)
		LOCATION OF BUILDING ON LOT (INCREASE/DECREASE BUILDING SETBACK FROM PROPERTY LINE OR RIGHT-OF-WAY)
		SITE PLAN CHANGES
		LOT DIMENSIONS
		BASEMENT ADDED/DELETED
		OBSCURE WINDOWS (CHANGE FROM)
		CHANGE OF ROOF PITCH
		CHANGE IN COLOR OF EXTERIOR
		ADDITION OF COOKING FACILITIES
		CHANGE TO FLOOR PLAN

If you checked yes to any of the above items, Zoning approval is also required and you must submit three (3) complete sets of plans.