



# DEPARTMENT OF COMPREHENSIVE PLANNING REQUEST FOR APPEAL

## REQUIREMENTS FOR FILING AN APPEAL

- Any interested party may file a request for appeal to an action of the Zoning Administrator or Planning Commission.
- The Request for Appeal form must be received in the Department of Comprehensive Planning no later than 5:00 p.m., five (5) working days following action on the application.
- An appeal of the Planning Commission action will be scheduled for hearing before the Board of County Commissioners' (Board) within forty (40) days after filing the appeal.
- The Board may restrict debate to issues raised by the appeal or may elect to review all actions and/or conditions imposed by the Zoning Administrator or Planning Commission.
- The Board's decision on the appeal is final and effective after five (5) working days of the decision. No permits or licenses shall be issued until the decision becomes final.
- A Zoning Administrator's Decision requires a \$100 fee and a Disclosure Form, in addition to this form.
- An appeal of the Planning Commission action initiated by the property owner shall require re-notification fees.
- This form can be emailed (cadmin@clarkcountynv.gov), or mailed to Comprehensive Planning (P.O. Box 551741, Las Vegas, NV 89155-1741), before the deadline noted above.
- For further questions, please call 702-455-4314, Option 2, Option 1 to speak to a planner directly.

APPELLANT NAME: \_\_\_\_\_

Applicant

Neighbor

Interested Party

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ALTERNATE: \_\_\_\_\_

PLANNING COMMISSION MEETING DATE: \_\_\_\_\_

ADMINISTRATIVE DECISION DATE ZONING ADMINISTRATOR: \_\_\_\_\_

AGENDA ITEM #: \_\_\_\_\_ APPLICATION #: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

REASON FOR APPEAL (additional sheet(s) permitted if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Appeal Received – Date and Time: \_\_\_\_\_

Scheduled Board Meeting – Date and Time: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Notification to Applicant/Correspondent (Name): \_\_\_\_\_

Date/Time: \_\_\_\_\_ Processed by: \_\_\_\_\_

Notification List Updated for PHN(s): \_\_\_\_\_

Date/Time: \_\_\_\_\_ Processed by: \_\_\_\_\_