

Department of Public Works

Construction Management • EP/TCP Team

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www.ClarkCountyNV.gov

REQUEST FOR EXPEDITED REVIEW

		□ ТСР	□ EP	☐ MATERIALS	☐ PAID
PE	RMIT#			PROJECT NAME:	
LO	CATION:				
DATE REQUESTED:					
COMPANY NAME:					
ADDRESS:					
COMPANY CONTACT:					
PHONE:EMAIL:					
PERSON REQUESTING EXPEDITED REVIEW: (GUARANTOR OF PAYMENT FOR OVERTIME) (PLEASE PRINT CLEARLY) SIGNATURE OF GUARANTOR:					
	ALL EXPEDITED REVIEWS MUST BE REQUESTED IN WRITING VIA THIS FORM. ALL REQUIRED SUBMITTAL FEES ARE TO BE PAID PRIOR TO REQUEST OR AT THE TIME OF SUBMITTAL.				
APPROVED BY:					
TITLE.					