



Department of Public Works

Development Review Division

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(702) 455-4600 | Fax (702) 388-2550
www.ClarkCountyNV.gov/PubWorks

Improvement Plans Submittal Sheet

(Each Submittal must have a separate sheet and check)

Application # _____ Date Submitted: _____

Type of Submittal: Initial Backcheck/Corrections Final

Project Name: _____

Assessor's Parcel Numbers (APN's): _____

Street Location: East/West _____ North/South _____

Land Use Applications: _____

Project Type: (Check any that apply)

- Commercial Improvement Plans
- Subdivision Improvement Plans
- Parcel Map Improvement Plans
- Utility Installation

Provide drainage study approval letter (# _____) Provide traffic study approval letter (# _____)

If required technical studies are not provided with the plan submittal, plans may be rejected. Additional review fees may be due.

Engineering Firm/Responsible Engineer _____ Phone number _____

Address _____ Fax number _____

City/State/Zip _____

E-mail Address (Required) _____

Owner/Developer _____ Phone number _____

Address _____ Fax number _____

City/State/Zip _____

E-mail Address (Required) _____