



Clark County Department of Building & Fire Prevention

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

Express Plan Review Program Application

Jerome A. Stueve, P.E., Director

Samuel D. Palmer P.E., Assistant Director • Girard W. Page, Fire Marshal

Project Name: _____ PAC#: _____

Project Location (APN must be included): _____

Project Description/Scope: _____

Estimated Valuation*: _____ *Minimum \$250,000 Valuation Required

PLEASE CHECK BELOW THE PLANS BEING SUBMITTED FOR EXPRESS PLAN REVIEW:

Architectural Structural Electrical Plumbing Mechanical Fire Protection Zoning

Off-Site/On-Site plans must be approved in Civil Engineering. List the numbers below for Civil Applications:

Grading Offsite #: _____ Land Use Approval#: _____

CITIZEN ACCESS CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____ City: _____ State/Zip: _____

Email Address: _____ Phone: _____ Contact ID: _____

Project Representative Signature: _____ **Date:** _____

DESIGN PROFESSIONALS INFORMATION

	NAME	DISCIPLINE	COMPANY NAME	E-MAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

FEE AND INITIAL PLAN REVIEW SCHEDULE

Total Express **Building Plan Review** Fee: \$ _____ 2x Collected At Submittal: \$ _____
 (Zoning Express Plan Review 4X Standard Fee Due at Permit Issue) 3x Collected Upon Express Approval: \$ _____
 4x Balance Due At Permit Issuance: \$ _____

Initial Plan Review Completion Date: BUILDING: _____ ZONING: _____

NOTE: Revision Express Plan Review Fee is Two (2), Three (3), or Four (4) Times The Plan Review Fee Per Clark County Building Administrative Code (See Section 22.02.345)

FOR ZONING DEPARTMENT ONLY

Qualified Not Qualified For Express Pre-Submittal Meeting At This Time Zoning Only (Comprehensive Planning Dept.)

Zoning Plans Examination Supervisor

Print Name: _____ Signature: _____ Date: _____

FOR BUILDING DEPARTMENT USE ONLY

Qualified Not Qualified For Express Pre-Submittal Meeting At This Time

Building Plans Examination Supervisor

Print Name: _____ Signature: _____ Date: _____

Assigned Plans Examiners' Initials

ARCH: _____ ELEC: _____ P/M: _____ STRU: _____ FP: _____ ZONING _____

Comments: _____

Bldg Plans Exam Manager Signature: _____ **Date:** _____

Deliver Completed Express Application To Clark County Building and Fire Prevention Dept. or Email to pacenter@clarkcountynv.gov - Phone: (702) 455-8972