



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 • James Gerren P.E., Assistant

- 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:

- | | |
|---|---|
| <input type="checkbox"/> Architectural (incl. firestopping) | <input type="checkbox"/> LS Final Report |
| <input type="checkbox"/> ATS | <input type="checkbox"/> LS Test Plan |
| <input type="checkbox"/> Basis of Design | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Egress | <input type="checkbox"/> Smoke Control |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Steel Fireproofing |
| <input type="checkbox"/> Fire Protection Report | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Geotechnical | <input type="checkbox"/> 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

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