



Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000 ~ Fax (702) 221-0630
Jerome A Stueve, P.E., Director ~ Samuel D. Palmer P.E., Assistant Director ~ Jim Gerren P.E., Assistant Director

Building Permit Application

Residential Commercial

ASSESSOR PARCEL # _____
PROJECT NAME: _____
PROPERTY ADDRESS: _____ LOT/STE/UNIT #: _____
PROPERTY OWNER NAME: _____ PROPERTY OWNER EMAIL: _____
TENANT NAME: _____ NEW TENANT TENANT EMAIL: _____

APPLICATION NO: _____

DESCRIPTION OF WORK

PLANS INCLUDE: ARCH STRUC ELEC MECH PLUM NO PLANS

THIS PROPERTY IS BEING SERVICED BY: SEPTIC SEWER FIP#: _____ NOV#: _____ NO. UNITS: _____ NO. STORIES: _____
TYPE OF CONSTRUCTION: _____ OCCUPANCY: _____ SQ FT: _____ SPRINKLER SYSTEM: _____ QAA REQ'D: _____

OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

OWNER/BUILDER SIGNATURE

DATE

OFFICIAL USE ONLY

COMMENTS:

STANDARD PLAN #: _____

CITIZEN ACCESS CONTACT INFORMATION

NAME: _____ CONTACT ID: _____
COMPANY NAME: _____
EMAIL ADDRESS: _____
PHONE NO: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

APPLICATE SIGNATURE

DATE

FEES

VALUATION: \$ _____
PERMIT: \$ _____
PLAN REVIEW FEE PAID: \$ _____
BAL. DUE/CREDIT OF PLAN REVIEW: \$ _____
ZONING PLAN REVIEW: \$ _____
ELECTRICAL PERMIT: \$ _____
ELECTRICAL PLAN REVIEW: \$ _____
MECHANICAL PERMIT: \$ _____
MECHANICAL PLAN REVIEW: \$ _____
PLUMBING PERMIT: \$ _____
PLUMBING PLAN REVIEW: \$ _____
STORM SEWER: \$ _____
PARK: \$ _____
TRANSPORTATION: \$ _____
PFNA: \$ _____
MSHCP: \$ _____
MITIGATION REPORT: \$ _____
TRAFFIC MITIGATION: \$ _____
NOV: \$ _____
\$ _____
\$ _____
\$ _____
BALANCE DUE: \$ _____

CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST LIC NO: _____ CLASS: _____
MULTI-JUR BUSINESS LIC NO: _____
COMPANY/DBA NAME: _____
PHONE NO: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR SIGNATURE

DATE

APPROVALS

ZONING REVIEW BY: _____ DATE: _____
BLDG PLAN REVIEW BY: _____ DATE: _____

CASH CC CHECK NO _____

ISSUED BY: _____ DATE: _____