



Clark County Department of Building & Fire Prevention

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

Express Plan Review Program Application

Samuel D. Palmer, Acting Director/Building & Fire Official • Girard 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

Number of persons expected to attend pre-submittal meeting: _____

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

Drainage Study HTE#: _____ Land Use Approval#: _____

Grading Plan HTE#: _____ Airport Environs (AE) Zone: _____

Note: The above referenced numbers must be completed or form will not be accepted.

CONTACT INFORMATION

Name: _____ Company Name: _____

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

Email Address: _____ Phone: _____ Fax: _____

DESIGN PROFESSIONALS INFORMATION

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

FEE AND INITIAL PLAN REVIEW SCHEDULE

Estimated Express Plan Review Fee: \$ _____ (4X Standard Fee) 50% Due Upon Submittal: \$ _____

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

NOTE: Revision Express Plan Review Fee is Four (4) Times The Hourly Rate Per Clark County Building Administrative Code (Two-Hour Minimum Per Section 22.02.430, Table 3-1)

Project Representative

Print Name: _____ Signature: _____ Date: _____

Building Plans Examination Supervisor

Print Name: _____ Signature: _____ Date: _____

Zoning Plans Examination Supervisor

Print Name: _____ Signature: _____ Date: _____

Assigned Plans Examiners' Initials

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

FOR BUILDING DEPARTMENT USE ONLY

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

Comments: _____

Signature: _____ Date: _____

Deliver or Fax Completed Checklist to Plans Examination Division - Phone: (702) 455-3000 ~ Fax: (702) 380-9723