



Clark County Department of Building & Fire Prevention

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

Hourly Plan Review Application

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

PLAN REVISION

DEFERRED DESIGN

STANDARD PLAN

CHANGE IN OCCUPANCY

LIFE SAFETY PACKAGE

LIFE SAFETY SYSTEM TESTING

NOTE: THIS APPLICATION IS FOR PLAN REVIEWS PERFORMED ON A HOURLY BASIS ONLY. IF YOU ARE ADDING ADDITIONAL SCOPE OF WORK TO AN EXISTING PERMIT OR TO AN EXISTING BUILDING, A NEW PERMIT APPLICATION IS REQUIRED.

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)

CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____ Fax: _____

DESCRIPTION

Detailed description of work and construction documents being submitted:

Applicant Signature _____

ITEM TYPE

CHECK THE PLAN TYPES SUBMITTED WITH THIS APPLICATION:

Architectural	Structural	Electrical	Plumbing	Mechanical	Geotechnical	LS Test Plan	LS Final Report
Fire Protection Report	Smoke Control	Steel Fire Proofing	Egress	CML	Zoning	ATS	

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)**

Processed By: _____ Date: _____

Document Reproduction Fee: _____ Description: _____ Fee: \$ _____

Zoning Signature: _____ Time: _____ Fee: \$ _____

Civil Signature: _____ Time: _____ Fee: \$ _____

Architectural Signature: _____ Time: _____ Fee: \$ _____

Structural Signature: _____ Time: _____ Fee: \$ _____

Geotechnical Signature: _____ Time: _____ Fee: \$ _____

Electrical Signature: _____ Time: _____ Fee: \$ _____

Plumbing/Mechanical Signature: _____ Time: _____ Fee: \$ _____

Fire Protection Signature: _____ Time: _____ Fee: \$ _____

ATS Signature: _____ Time: _____ Fee: \$ _____



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Hourly Plan Review Checklist

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ORIGINAL PAC #: _____ REVISION #: _____

PLEASE CHECK THE APPROPRIATE BOXES WHICH APPLY TO THIS APPLICATION

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