



# CLARK COUNTY DEPARTMENT OF COMPREHENSIVE PLANNING

## CERTIFICATE OF COMPLIANCE LANDSCAPING/DEVELOPMENT (ZONING) CODE & CONDITIONS

PLEASE PRINT OR TYPE INFORMATION BELOW

CHECK ALL THAT APPLY:

COMMERCIAL    INDUSTRIAL    MULTI-FAMILY    SINGLE FAMILY/TRACT (PERIMETER ONLY)

PERMIT NUMBER: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
LOCATION ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
ACCESSOR'S PARCEL NUMBER(S): \_\_\_\_\_  
CROSS STREETS: \_\_\_\_\_

PLEASE LIST ALL  
APPLICABLE LAND USE  
APPLICATIONS  
(ZC/UC/WS/DR etc.)

### CONTACT INFORMATION

OWNER    LANDSCAPE CONTRACTOR    GENERAL CONTRACTOR

CONTACT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(I/We) the undersigned understand that the landscaping must be installed and maintained, and this Certificate must be completed and returned to the address shown below before issuance of a Certificate of Occupancy and/or Business License.

(I/We) the undersigned swear and say that the landscape materials have been installed in accordance with the approved building and landscape plans and with either Title 29 (the Zoning Ordinance) or with Title 30 (the Unified Development Code), whichever is applicable.

(I/We) the undersigned agree to maintain the landscaping in perpetuity as required by either Title 29 (the Zoning Ordinance) or Title 30 (the Unified Development Code), whichever is applicable.

(I/We) the undersigned understand that failure to abide by and faithfully comply with the provisions of the applicable Title 29 (the Zoning Ordinance) or Title 30 (the Unified Development Code) and conditions pursuant to any application or permit is unlawful and a public nuisance. Upon discovery of such violation, the County may commence proceedings for abatement, or may pursue other remedies as provided by law, including revocation of an application or permit.

\_\_\_\_\_  
Property Owner (Signature)                      Property Owner (Print)                      Date

OR

\_\_\_\_\_  
Contractor (Signature)                      Contractor (Print)                      Date

*This section for staff use only*

A site inspection was completed on \_\_\_\_\_. If N/A, site inspection not required for the following reason(s):

Subject to all applicable requirements of Title 29/30 and conditions per the Notice of Final Action: \_\_\_\_\_

The Certificate of Compliance is (circle one)    APPROVED / DENIED

By: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return the completed Certificate by e-mail, fax, mail, or in person to:*

**CLARK COUNTY DEPARTMENT OF COMPREHENSIVE PLANNING**  
500 S. Grand Central Parkway, P.O. Box 551744, Las Vegas, NV 89155-1744  
PHONE: (702) 455-4314    FAX: (702) 455-3271

[zoning@clarkcountynv.gov](mailto:zoning@clarkcountynv.gov)