



ADMINISTRATIVE APPLICATION CLARK COUNTY COMPREHENSIVE PLANNING DEPARTMENT

SUBMITTAL REQUIREMENTS ARE LISTED ON BACK

APPLICATION TYPE <input type="checkbox"/> MINOR DEVIATION (AV) <input type="checkbox"/> STREET NAMING (SN) <input type="checkbox"/> EXTENSION OF TIME (ADET) _____ (Original Application #) <input type="checkbox"/> ZONING COMPLIANCE (AC) <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> COMMUNITY GARDEN <input type="checkbox"/> GARDENING/ GREENHOUSE <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> AUTOMOBILE REPAIR <input type="checkbox"/> COMMUNITY RESIDENCE <input type="checkbox"/> FAMILY <input type="checkbox"/> TRANSITIONAL <input type="checkbox"/> HOME OCCUPATION <input type="checkbox"/> CLIENTS/CUSTOMERS <input type="checkbox"/> EMPLOYEES See Title 30 for specific requirements for each application type above	STAFF DATE FILED: _____ APP. NUMBER: _____ ACCEPTED BY: _____ ZONE / AE DISTRICT: _____ FEE: _____ PLANNED LAND USE: _____ CHECK #: _____ TRAILS? Yes / No COMMISSIONER: _____ REFERENCE FILES: _____ OVERLAY(S)? _____ LETTER DUE DATE: _____
	PROPERTY OWNER NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____
	APPLICANT NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____
	CORRESPONDENT NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____ FAX: _____ CELL: _____ E-MAIL: _____
ASSESSOR'S PARCEL NUMBER(S): _____ PROPERTY ADDRESS and/or CROSS STREETS: _____	

Zoning Compliance Community Residence Applications only: (I, We) the undersigned swear and say that (I, We) will comply with:

NEVADA ADMINISTRATIVE CODE (refer to <http://www.leg.state.nv.us/nac/> for further information)

- SECTIONS 449.209 THROUGH 449.231 FOR FAMILY COMMUNITY RESIDENCES
- SECTIONS 449.154919 THROUGH 449.154933 FOR TRANSITIONAL COMMUNITY RESIDENCES

(I, We) the undersigned swear and say that (I am, We are) the owner(s) of record on the Tax Rolls of the property involved in this application, or (am, are) otherwise qualified to initiate this application under Clark County Code; that the information on the attached legal description, all plans, and drawings attached hereto, and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application is complete and accurate.

Property Owner/Applicant (Signature) _____

Property Owner/Applicant (Print) _____

STATE OF NEVADA
COUNTY OF: _____

SUBSCRIBED AND SWORN BEFORE ME ON: _____ (DATE)

By: _____

NOTARY
PUBLIC: _____

*NOTE: Corporate declaration of authority (or equivalent), power of attorney, or signature documentation is required if the applicant and/or property owner is a corporation, partnership, trust, or provides signature in a representative capacity.

STAFF	Application is approved to COMMENCE / COMPLETE by: _____
	By: _____ Date: _____

DOCUMENT SUBMITTAL REQUIREMENTS																			
	Application ^A	Disclosure Form ^A	Fire Permit Survey Form ^A	Site Plans ^K	Floor Plans ^K	Elevations ^K	Landscape Plans ^K	Photographs ^F	Assessor's Map ^B	Deed ^C	Legal Description	Parking Analysis	Letters of Consent	Authorization Letter ^H	Letter from Fire Alarm Office ^I	List & Quantities of Hazardous Materials ^M	Record of Survey ^{J, K}	Justification Letter	Fees ^L
<ul style="list-style-type: none"> Refer to Title 30.16.240 for more information Numbers represent the required copies These are the official requirements per the Zoning Administrator but additional requirements may apply 																			
Minor Deviation^E	1			2	2	2			2	1			1 ^G					3	✓
Street Naming^D	1								1						1			1	
Extension of Time^E	1	1	1							1						1	2	3	✓
Zoning Compliance – Community Residence^D	1			2	2	2	2	1	2	1	2	1		1				1	
Zoning Compliance – Other^D	1			2				1				1	1 ^N					1	✓

FOOTNOTES

- A. Forms available from the Comprehensive Planning department online or in person.
- B. Available from the Assessor's Office online or in person.
- C. Deeds recorded 9/15/1999 to present are available from the Assessor's Office online. Deeds without a watermark or recorded prior to 9/15/1999 are available from the Recorder's Office online or in person for a fee.
- D. Appointment required. After assembling the required materials and applicable fees, call (702)455-4972 or go online.
- E. Application can be submitted over the counter without an appointment.
- F. Photographs are required to confirm compliance with residential standards.
- G. Letters of consent (if applicable) from abutting property owners unless for Sight Zones 30.56.050.
- H. If the applicant is a renter, notarized authorization to submit the application from the property owner.
- I. Recommendation letter from the City of Las Vegas Fire Department's Fire Alarm Office.
- J. Required for projects with Las Vegas Boulevard South frontage.
- K. All plans or maps must be accurate and drawn to scale. Please fold plans (rolled plans or maps will not be accepted).
- L. See Chapter 30.80. Exact payment only in the form of cash, check, or money order. Make payable to "Clark County".
- M. Only required if applicable (See Clark County Fire Department Hazardous Materials Systems Guidelines, NRS, & NAC).
- N. Letters of consent from property owners within a 300-foot radius.

APPLICATION PROCEDURES

1. Depending on the application type, schedule an appointment or submit over the counter per the directions above.
2. After application is submitted, the processing time is 10 working days for Minor Deviations, Extensions of Time, and Zoning Compliance applications, and the processing time for Street Naming applications is 5 working days.
3. A letter will be sent to the applicant and correspondent addresses listed on the application indicating the approval and all conditions of approval.

CLARK COUNTY COMPREHENSIVE PLANNING
500 S. Grand Central Parkway, P.O. Box 551744, Las Vegas, NV 89155-1744
APPOINTMENT LINE: (702) 455-4972 MAIN LINE: (702) 455-4314 FAX: (702) 455-3271

www.ClarkCountyNV.gov