Reset Form

Department of Public Works

Construction Management • EP/TCP Team

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REQUEST FOR EXPEDITED REVIEW

☐TCP ☐EP ☐BILL ☐PAID

HTE#_____PROJECT NAME:_____

LOCATION:_____

DATE REQUESTED:_____TIME REQUESTED:_____

COMPANY NAME:_____

ADDRESS:_____

COMPANY CONTACT:_____

PHONE:_____FAX:_____

PERSON REQUESTING EXPEDITED REVIEW:_____
(GUARANTOR OF PAYMENT FOR OVERTIME) (PLEASE PRINT CLEARLY)

SIGNATURE OF GUARANTOR:_____

- ALL OVERTIME MUST BE REQUESTED IN WRITING AND RECEIVED BY 1:30 PM FOR SAME DAY REVIEW.
- TRAFFIC CONTROL REVIEW FEE OF $50 MUST ACCOMPANY THE PLAN SUBMITTAL.
- THIS REQUEST OF OVERTIME IS NOT GUARANTEED AND IS SUBJECT TO STAFF AVAILABLITY AND APPROVAL.
- ALL OVERTIME REQUESTED MUST BE APPROVED BY CLARK COUNTY IN WRITING BY THE ASSISTANT MANAGER OF CONSTRUCTION MANAGEMENT/DEVELOPMENT OR A SUPERVISING CONSTRUCTION MANAGEMENT INSPECTOR.
- ONCE THE REVIEW IS COMPLETED, A COPY OF THE PLAN WILL BE FORWARDED TO THE PARTY INDICATED ON THE FORM THE SAME DAY OF REVIEW.
- ANY ADDITIONAL TIME OVER THE FIRST HOUR WILL BE BILLED TO THE GUARANTOR ON THE FORM.

NOTE: OVERTIME IS $180 P/HOUR

APPROVED BY:_____

TITLE:_____