CLARK COUNTY DEPARTMENT OF BUILDING

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

Sign Permit Application

ACCREDITED

APPLICATION NO.:

ASSESSOR PARCEL#: _____

JOB SITE ADDRESS: _____

SUBDIVISION: _____

UNIT#: _____ LOT#: _____ BLOCK# _____ BOOK: _____ PAGE: _____ SET UP BY: _____

PROJECT NAME: _____

CONTACT NAME: _____ PHONE: _____

CONTACT ADDRESS: _____

OWNER NAME: _____ PHONE: _____

DESCRIPTION OF WORK:

☐ PLANS ATTACHED

☐ PLANS ON FILE

☐ NO PLANS

CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST. LIC. NO.: _____ CLASS: _____ BUSINESS LIC. #: _____

CONTRACTOR NAME: _____

MAILING ADDRESS: _____ PHONE#: _____

CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR SIGNATURE _____ DATE _____

I certify that I have read this Application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

APPLICANT SIGNATURE _____

DATE _____

QUANTITY	SIGN TYPE	AREA	PRICE	TOTAL
	Off-Premise Sign (Must attach written, notarized authorization from property owner with Deed)		500.00	0.00
	Temporary Signs			
	For Sale/Rent/Lease - On-Premise		25.00	0.00
	For Sale/Rent/Lease - Off-Premise (Signed authorization from property owner required)		100.00	0.00
	For Sale/Rent/Lease - Weekend		5.00	0.00
	Construction Sign(s)		25.00	0.00
	Special Attraction/Promotional Sign(s)		25.00	0.00
	On-Premise Signs			
	Free-Standing			
	Wall			
	Directional			
	Other			
	Total			0.00

COMMENTS:

STANDARD PLAN NO: _____ QAA REQUIRED: _____

☐ Sign Fees Waived

Civil Engineering Review By: _____ Date: _____

Zoning Plan Review By: _____ Date: _____

Bldg Review By: _____ Date: _____

PERMIT FEES

Valuation $ _____

Permit Fee $ _____

Bldg Plan Review Fee: $ _____

Zoning Plan Review Fee: $ _____

Mitigation Fee: $ _____

TOTAL FEE: $ _____

☐ Cash ☐ Check No: _____

Issued By: _____ Date: _____

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