



# Comprehensive Planning Request for Appeal

## REQUIREMENTS FOR FILING AN APPEAL

- Any aggrieved person may file a request for appeal to an action of the Zoning Administrator or Planning Commission.
  - *Per NRS 278.3195, an aggrieved person must have appeared at the Planning Commission meeting in person, through a representative, or must have submitted comments in writing (postcard, letter or email).*
- The Request for Appeal form must be received in the Department of Comprehensive Planning no later than 5:00 p.m., five (5) working days following action on the application.
- An appeal of the Zoning Administrator’s Decision requires a processing fee due at time of submittal and a Disclosure Form, in addition to this form.
  - *Please contact the Department of Comprehensive Planning for appeal fee information at (702) 455-4314.*
- An appeal of the Planning Commission action initiated by the applicant shall require re-notification fees due at time of submittal.
  - *Please contact the Department of Comprehensive Planning for appeal fee information at (702) 455-4314.*
- Failure to submit payment at time of submittal for an appeal will cause a delay in the appeal process.
- An appeal of the Planning Commission action will be scheduled for hearing before the Board of County Commissioners' (Board) within forty (40) days after filing the appeal.
- The Board may restrict debate to issues raised by the appeal or may elect to review all actions and/or conditions imposed by the Zoning Administrator or Planning Commission.
- The Board’s decision on the appeal is final and effective after five (5) working days of the decision. No permits or licenses shall be issued until the decision becomes final.
- This form can be emailed to (cpadmin@clarkcountynv.gov), mailed to Comprehensive Planning (P.O. Box 551741, Las Vegas, NV 89155-1741), or hand delivered to Comprehensive Planning (500 S. Grand Central Parkway, Las Vegas, NV 89155), before the deadline noted above.

APPELLANT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPLICANT

AGGRIEVED PERSON

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_

PLANNING COMMISSION MEETING DATE: \_\_\_\_\_

ZONING ADMINISTRATOR’S DECISION DATE: \_\_\_\_\_

REASON FOR APPEAL (additional sheet(s) permitted if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

REQUEST RECEIVED DATE/TIME: \_\_\_\_\_

REQUEST ACCEPTABLE

REQUEST UNACCEPTABLE

BCC MEETING DATE: \_\_\_\_\_ COMMISSIONER: \_\_\_\_\_

CORRESPONDENT NOTIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTIFICATION LIST UPDATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_