Clark County Building Department

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000
James Gerren, P.E., Director
Werner Hellmer P.E., Deputy Director

Grading Permit Application

☐Residential ☐Commercial

ASSESSOR PARCEL #: _____

PROJECT NAME: _____

CROSS STREETS _____ PROJECT ADDRESS: _____

PROPERTY OWNER NAME _____ PROPERTY OWNER EMAIL: _____

SCOPE OF WORK

DIRT QUANTITIES

REQUIRED

CUT: _____ FILL _____ TOTAL _____

TYPE OF WORK

REQUIRED

☐ STOCKPILE ☐ FINAL ☐ ROUGH ☐ FINAL with PARTIAL ROUGH

CITIZEN ACCESS CONTACT INFORMATION

NAME _____ CONTACT ID: _____

COMPANY NAME: _____

EMAIL ADDRESS: _____

PHONE NO: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

_____ _____
APPLICANT SIGNATURE DATE

CONTRACTOR'S DECLARATION

I HEREBY CERTIFY THAT I AM LICENSED UNDER THE PROVISIONS OF N.R.S. 6.24

ST. LIC. NO.# _____ CLASS _____ MULTI-JURISD. BUS. LIC. # _____

CONTRACTOR NAME: _____

MAILING ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP _____

_____ _____
CONTRACTOR SIGNATURE DATE

OWNER/BUILDER DECLARATION

I HEREBY 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 INSPECTIONS

_____ _____
OWNER/BUILDER SIGNATURE DATE

EARLY GRADING PERMIT

_____

SUBMITTAL REQUIREMENTS

☐ STAMPED GRADING PLANS
☐ RESIDENTIAL ☐ COMMERCIAL
☐ GEOTECHNICAL (SOILS) REPORT
☐ DRAINAGE STUDY APPROVAL LETTER*
☐ MSHCP MITIGATION FORM
☐ STORM WATER COMPLIANCE ITEMS (BMP SECTION 3.5.1)*
IF APPLICABLE

REQUIRED ITEMS AT TIME OF PERMIT ISSUANCE*

☐ DUST PERMIT
☐ QAA SIGNED CONTRACT
☐ MSHCP MITIGATION FORM *IF APPLICABLE

GRADING PERMIT FEES

PERMIT FEE $ _____

PLAN REVIEW FEES $ _____

BLDG PLAN REVIEW FEE BALANCE DUE/CREDIT $ _____

MITIGATION REPORT FEE MSHCP FEE: $ _____

STORM WATER COMPLIANCE INSPECTION FEE $ _____

NOV FEE $ _____

_____ $ _____

TOTAL FEE $ _____

ISSUED BY: _____ DATE: _____