



Clark County Building Department

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

Express Plan Review Program Application

James Gerren, P.E., Director
Werner Hellmer, P.E., Deputy Director

Project Name: _____ BD#: _____

Project Location (APN must be included): _____

Project Description/Scope: _____

Estimated Valuation*: _____ ***Minimum \$250,000 Valuation Required**

PLEASE CHECK BELOW THE PLANS BEING SUBMITTED FOR EXPRESS PLAN REVIEW:

☐ Architectural ☐ Structural ☐ Electrical ☐ Geo Tech ☐ Plumbing ☐ Mechanical ☐ Fire Protection ☐ Zoning

Off-Site/On-Site plans must be approved in Civil Engineering. List the numbers below for Civil Applications:

Grading Offsite #: _____ **Land Use Approval#:** _____

CITIZEN ACCESS CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____ City: _____ State/Zip: _____

Email Address: _____ Phone: _____ Date: _____

DESIGN PROFESSIONALS INFORMATION

NAME	DISCIPLINE	COMPANY NAME	E-MAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

FEE AND INITIAL PLAN REVIEW SCHEDULE

Total Express **Building Plan Review** Fee: \$ _____

Project Construction Value

Express Processing Plan Review Fee

Collected At Submittal: \$ _____

\$0 to \$50,000,000

☐ **4x** normal *Building* plan review fee

Collected Upon Express Approval: \$ _____

\$50,00,001 to \$100,000,000

☐ **3x** normal *Building* plan review fee

Balance Due At Permit Issuance: \$ _____

Over \$100,000,000

☐ **2x** normal *Building* plan review fee

Zoning Express Plan Review 4X Standard Fee (10% of building

permit fee) Due at Permit Issuance: \$ _____

Initial Plan Review Completion Date: **BUILDING:** ☐ 10 calender days after Express fee paid & Permit accepted for review

ZONING: ☐ 10 calender days after Express fee paid & Permit accepted for review

OR
☐ Date: _____

OR
☐ Date: _____

FOR ZONING DEPARTMENT ONLY

☐ **Qualified** ☐ **Not Qualified**

☐ **Zoning Only** (Comprehensive Planning Dept.)

Zoning Plans Examination Supervisor

(To be coordinated & processed directly through Zoning Department) Email cpzoningplanscheck@clarkcountynv.gov

Print Name: _____ Signature: _____ Date: _____

FOR BUILDING DEPARTMENT USE ONLY

☐ **Qualified** ☐ **Not Qualified**

Building Plans Examination Supervisor

Print Name: _____ Signature: _____ Date: _____

Assigned Plans Examiners' Initials

ARCH: _____ STRU: _____ ELEC: _____ GEO TECH: _____ P/M: _____ FP: _____ ZONING: _____

Bldg Plans Exam Manager Signature: _____ **Date:** _____

Deliver Completed Express Application To Clark County Building Dept. or Email to pcenter@clarkcountynv.gov - Phone: (702) 455-8972