



CLARK COUNTY DEPARTMENT OF BUILDING

Hourly Plan Review Application



☐ PLAN REVISION ☐ DEFERRED DESIGN ☐ STANDARD PLAN ☐ CHANGE IN OCCUPANCY ☐ LIFE SAFETY PACKAGE ☐ LIFE SAFETY SYSTEM TESTING

NOTE: THIS APPLICATION IS FOR PLAN REVIEWS PERFORMED ON A HOURLY BASIS ONLY. IF YOU ARE ADDING ADDITIONAL SCOPE OF WORK TO AN EXISTING PERMIT OR TO AN EXISTING BUILDING, A NEW PERMIT APPLICATION IS REQUIRED.

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER:

TWO (2) COPIES OF THIS COMPLETED FORM AND PLANS ARE REQUIRED FOR BUILDING REVIEWS.

THREE (3) COPIES ARE REQUIRED IF ZONING APPROVAL IS REQUIRED (SEE ATTACHED CHECKLIST).

ORIGINAL/NEW PERMIT #: _____ REVISION #: _____

PROJECT INFORMATION

Project Name: _____

Project Address: _____
(Include Suite/Space No. or Letter Designation if Applicable)

CONTACT INFORMATION

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State/Zip: _____ Phone: _____

Email: _____ Fax: _____

DESCRIPTION

Detailed description of work and construction documents being submitted:

Applicant Signature _____

ITEM TYPE

CHECK THE PLAN TYPES SUBMITTED WITH THIS APPLICATION: ☐ Basis of Design ☐ LS Test Plan ☐ LS Final Report
☐ Architectural ☐ Structural ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Geotechnical
☐ Fire Protection Report ☐ Smoke Control ☐ Steel Fire Proofing ☐ Egress ☐ CML ☐ Zoning ☐ ATS

FOR BUILDING DEPARTMENT USE ONLY

HOURLY RATES PER CLARK COUNTY DEPARTMENT OF BUILDING ADMINISTRATIVE CODE (1/2 HOUR MINIMUM PER SECTION 22.02.430, TABLE 3-1)

Processed By: _____ Date: _____

Document Reproduction Fee: _____ Description: _____ Fee: \$ _____

Zoning Signature: _____ Time: _____ Fee: \$ _____

Civil Signature: _____ Time: _____ Fee: \$ _____

Architectural Signature: _____ Time: _____ Fee: \$ _____

Structural Signature: _____ Time: _____ Fee: \$ _____

Geotechnical Signature: _____ Time: _____ Fee: \$ _____

Electrical Signature: _____ Time: _____ Fee: \$ _____

Plumbing/Mechanical Signature: _____ Time: _____ Fee: \$ _____

Fire Protection Signature: _____ Time: _____ Fee: \$ _____

ATS Signature: _____ Time: _____ Fee: \$ _____



CLARK COUNTY DEPARTMENT OF BUILDING

HOURLY PLAN REVIEW CHECKLIST



ORIGINAL PAC #: _____

REVISION #: _____

PLEASE CHECK THE APPROPRIATE BOXES WHICH APPLY TO THIS APPLICATION

YES	NO	ITEM DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN OCCUPANCY - NO CONSTRUCTION TO BE PERFORMED
<input type="checkbox"/>	<input type="checkbox"/>	ANY EXTERIOR ELEVATION CHANGES
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN ANY REFLECTIVE MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	PARKING
<input type="checkbox"/>	<input type="checkbox"/>	LANDSCAPING
<input type="checkbox"/>	<input type="checkbox"/>	CURB CUT LOCATIONS
<input type="checkbox"/>	<input type="checkbox"/>	PARCEL ACCESSIBILITY
<input type="checkbox"/>	<input type="checkbox"/>	ON-SITE CIRCULATION
<input type="checkbox"/>	<input type="checkbox"/>	TRASH ENCLOSURE LOCATION
<input type="checkbox"/>	<input type="checkbox"/>	AREA LIGHTLING (CHANGE OF LOCATION OR HEIGHT)
<input type="checkbox"/>	<input type="checkbox"/>	APARTMENT/CONDOMINIUM UNIT RECONFIGURATION (INCREASE/DEGREASE OF UNIT SQUARE FOOTAGE)
<input type="checkbox"/>	<input type="checkbox"/>	WALL/FENCE (LOCATION/HEIGHT)
<input type="checkbox"/>	<input type="checkbox"/>	BUILDING SETBACKS
<input type="checkbox"/>	<input type="checkbox"/>	SCOPE OF SITE IMPROVEMENTS (INCREASE/DECREASE)
<input type="checkbox"/>	<input type="checkbox"/>	LOCATION OF BUILDING ON LOT (INCREASE/DEGREASE BUILDING SETBACK FROM PROPERTY LINE OR RIGHT-OF-WAY)
<input type="checkbox"/>	<input type="checkbox"/>	SITE PLAN CHANGES
<input type="checkbox"/>	<input type="checkbox"/>	LOT DIMENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	BASEMENT ADDED/DELETED
<input type="checkbox"/>	<input type="checkbox"/>	OBSCURE WINDOWS (CHANGE FROM)
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE OF ROOF PITCH
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE IN COLOR OF EXTERIOR
<input type="checkbox"/>	<input type="checkbox"/>	ADDITION OF COOKING FACILITIES
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE TO FLOOR PLAN

If you checked yes to any of the above items, Zoning approval is also required and you must submit three (3) complete sets of plans.