



DEPARTMENT OF BUILDING & SAFETY

REQUEST FOR ALTERNATIVE MATERIALS, DESIGN AND METHODS OF CONSTRUCTION AND EQUIPMENT

www.LasVegasNevada.gov/BuildingPermits

Phone: (702) 229-6251 Fax: (702) 382-1240



Date: _____ CLV Project #: _____ Project Address: _____

Owner's Name: _____ Owner's Address: _____

Submitted By: _____ Design Professional Stamp (If Applicable)

Print Name _____ Signature _____

Company Name: _____ Telephone: _____

Email: _____

CODE ANALYSIS:

Type of Construction: _____ Occupancy: _____ # of Stories: _____

Building Size (SF): _____ Sprinkler/Hazard Classification: _____

Design Density: _____ Permit Number(s) to be referenced: _____

REQUEST:

Code and Section Affected: _____ Code Edition: _____ Code Title: _____

Section Number: _____ Section Title: _____

Code Requirement: _____

Alternate Requested: (Provide Justification, plans, exhibits, etc. as additional documents)

Fire Department

Approval box for Fire Department

Approved

Approval box for Fire Department

Denied

Comments: _____

Other Department

Approval box for Other Department

Approved

Approval box for Other Department

Denied

Comments: _____

Building Official

Approval box for Building Official

Approved

Approval box for Building Official

Denied

Comments: _____