



DEPARTMENT OF BUILDING & SAFETY

CONTACT SHEET

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ALL PLAN SUBMITTALS SHALL INCLUDE THIS SHEET (Please print).

Application / PC #: _____ Contact: _____ when plans are ready.

Phone #: _____ Fax #: _____ E-mail: _____

Property owner:	Phone:
Address:	Fax:
City: State: Zip:	E-mail:
Developer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Tenant:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Architect / designer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Structural Engineer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Civil Engineer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Plans Expediter:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Contractor:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Electrical Contractor/Engineer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Mechanical Contractor/Engineer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail:
Plumbing Contractor/Engineer:	Phone:
Address: Business License #	Fax:
City: State: Zip:	E-mail: