



DEPARTMENT OF BUILDING & SAFETY

PLANS/RESPONSE CORRECTION TRACKING SHEET

www.LasVegasNevada.gov/BuildingPermits

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

To be completed by the qualified individual taking the responsibility
for having the plans correctly collated or submitted

Plan Check Application #: _____ Project Name: _____

Company Name: _____

Phone#: _____ Fax#: _____ Email: _____

Check plans changes and response letters provided. Check all that apply.

	Plans	Letters
Architectural	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Land Development	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input type="checkbox"/>	<input type="checkbox"/>
Planning: (check if any change)	Yes	No
Scope of changes/revision letter (required)	<input type="checkbox"/>	<input type="checkbox"/>
Change to site plan, landscape, and/or site electrical	<input type="checkbox"/>	<input type="checkbox"/>
Change to floor plan that results in additional square footage	<input type="checkbox"/>	<input type="checkbox"/>
Change to exterior elevation	<input type="checkbox"/>	<input type="checkbox"/>
Change to mechanical equipment on roof	<input type="checkbox"/>	<input type="checkbox"/>

List item and/or sheet number(s) being added or replaced.

Name of person submitting plans (print) _____

Signature: _____ Date: _____

Technician Initial: