



BUILDING & SAFETY

REQUEST FOR OVERTIME

www.lasvegasnevada.gov/BuildingPermits

Phone: (702) 229-6251

Revision/Application/Project # _____ Parent (Original)/Application Project # _____

Type of Project: New Building Addition Remodel existing SFD / T.I. New Tenant T.I T.I. buildout

PROJECT/TENANT NAME: _____

PROJECT ADDRESS: _____ ZIP: _____

Approved overtime is only for the disciplines or reviews noted below and does not include Land Development or other departments such as Planning, Public Works.

- | | | | | | | |
|--|--|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New submittal | <input type="checkbox"/> Architectural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Structural | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Back check/correction | <input type="checkbox"/> Architectural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Structural | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Plan revision | <input type="checkbox"/> Architectural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Structural | <input type="checkbox"/> Fire |

In consideration of the City of Las Vegas Building and Safety Division performing overtime plans examination on our building as shown above, we are formally requesting the overtime plans examination service. We understand that we must reimburse the Building and Safety Division at an hourly rate of \$264/hour per Plans Examiner, with a one-hour minimum. This is in addition to normal plan review fees.

Final payment for outstanding fees is made at issuance of permit, or within 30 days of the review, whichever comes first. A review on reimbursed overtime will occur within seven calendar days.

APPLICANT REQUESTING OVERTIME (PLEASE PRINT):

Company / Contractor Name: _____ Individual Name: _____

Phone: _____ E-mail: _____

SIGNATURE: _____ DATE: _____

Building & Safety	Hours
Architectural	_____
Electrical	_____
Mechanical	_____
Plumbing	_____
Structural	_____
Permit Technician	_____

Subtotal: _____ **Fee #109**
 x \$264.00 per Hr = \$ _____

Permit Technician: _____ Intake date: _____

Supervisor: _____ Approval date: _____