



BUILDING & SAFETY

RESIDENTIAL APPLICATION

www.LasVegasNevada.gov/BuildingPermits

Phone: (702) 229-6251

PERMIT #: _____ PARENT PERMIT #: _____ OVERALL PROJECT VALUATION: \$ _____

PROJECT SCOPE OF WORK: _____

PROJECT/TENANT NAME: _____ PROJECT ADDRESS: _____

IS THIS PERMIT PART OF A CODE ENFORCEMENT CASE? _____ CASE NUMBER # _____

REQUIRED FOR SUBMITTAL OF NEW BUILDING CONSTRUCTION: (Please note that plan check fees are based on occupancy, use, construction type and square footage) (Minor permits for electrical, mechanical, or plumbing only in existing buildings do not require a code analysis)

NOTE INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**Building #1:** SCOPE OF WORK: _____ VALUATION: \$ _____

OCCUPANCY GROUP(S): _____ USE: _____ CONSTRUCTION TYPE: _____

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQ' (TI's): _____ ☐ Is this a High-rise? More than 75'?SQUARE FOOT OF FLOOR AREAS: 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____

Garage: _____ Patio: _____ Balcony: _____ Number of Units: _____ Number of Stories: _____

Building #2 SCOPE OF WORK: _____ VALUATION: \$ _____

OCCUPANCY GROUP(S): _____ USE: _____ CONSTRUCTION TYPE: _____

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQ' (TI's): _____ ☐ Is this a High-rise? More than 75'?SQUARE FOOT OF FLOOR AREAS: 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____

Garage: _____ Patio: _____ Balcony: _____ Number of Units: _____ Number of Stories: _____

***** PROVIDE AN APPLICATION FOR EACH BUILDING - IF THERE ARE MORE THAN 2 BUILDINGS******Wall/Fences**

Valuation: \$ _____

- | | |
|---|--|
| ☐ New Wall/Fence | ☐ CMU Block/Iron Combo *(see notes below) |
| ☐ Adding Courses to Existing wall (Engineering Required) | ☐ CMU Block/Retaining Combo |
| ☐ SNBO/CLV Design | ☐ Other (Description) _____ |
| ☐ Engineered Design | |

FRONT		REAR		RETURN		RIGHT SIDE		LEFT SIDE	
LENGTH	HEIGHT	LENGTH	HEIGHT	LENGTH	HEIGHT	LENGTH	HEIGHT	LENGTH	HEIGHT

Contractor/Property Owner Information☐ Owner/Builder (Residential Only on primary residence)

Name: _____ Email: _____ Phone: _____

☐ Contractor Information:

Company Name: _____ Email: _____

Phone: _____ State Contractor License# _____ CLV Business License# _____

Building Permits expire 180 days after issuance if no passed inspections performed.