



# REQUEST FOR OVERTIME

www.LasVegasNevada.gov/BuildingPermits

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

Revision/Application/Project # \_\_\_\_\_ (CLV USE ONLY) 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: \_\_\_\_\_

- New submittal                       Architectural                       Electrical                       Mechanical                       Plumbing                       Structural                       Fire
- Back check / correction                       Architectural                       Electrical                       Mechanical                       Plumbing                       Structural                       Fire
- Plan revision                       Architectural                       Electrical                       Mechanical                       Plumbing                       Structural                       Fire

Approved overtime is only for the disciplines or reviews noted above and does not include Land Development or other DSC (Development Services Center) departments such as Planning, Public Works or Fire.

In consideration of the City of Las Vegas Building and Safety Dept. 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 City of Las Vegas Dept. of Building and Safety Dept. at an hourly rate of \$264/hour per Plans Examiner, with a one-hour minimum. This is in addition to normal plan review fees.

If the review is greater than one-hour, additional fees will be added at our hourly overtime rate. Final payment for outstanding fees will be made at issuance of permit, or within 30 days of the review, whichever comes first. A review on reimbursed overtime will occur within 7 calendar days.

Applicant Requesting Overtime (Please print):

Company / Contractor Name: \_\_\_\_\_ Individual Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ 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: \_\_\_\_\_