



RESIDENTIAL PERMIT APPLICATION

333 North Rancho Drive, Las Vegas NV 89106-3703

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

Project #: _____ (CLV USE ONLY) Parent Project #: _____

OVERALL PROJECT VALUATION: \$ _____

Project Scope of Work: _____

Project Name: _____ Project Address: _____

Current Zoning: _____ Land Use Applications: _____

REQUIRED FOR SUBMITTAL OF NEW BUILDING CONSTRUCTION, REMODELS OR ADDITIONS: (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)

Building #1: Scope of Work: _____ Building Valuation: \$ _____

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

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQUARE FOOTAGE: _____

SQUARE FOOT OF FLOOR AREAS: 1ST: _____ 2ND: _____ 3RD: _____

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

Building #2 Scope of Work: _____ Building Valuation: \$ _____

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

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQUARE FOOTAGE: _____

SQUARE FOOT OF FLOOR AREAS: 1ST: _____ 2ND: _____ 3RD: _____

Garage: _____ Patio: _____ Balcony: _____

Building #3 Scope of Work: _____ Building Valuation: \$ _____

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

TOTAL SQUARE FOOTAGE: _____ AFFECTED SQUARE FOOTAGE: _____

SQUARE FOOT OF FLOOR AREAS: 1ST: _____ 2ND: _____ 3RD: _____

Garage: _____ Patio: _____ Balcony: _____

****IF THERE ARE MORE THAN 3 BUILDINGS PLEASE PROVIDE ADDITIONAL APPLICATIONS TO COVER ALL BUILDINGS****

Wall/Fences Construction Valuation: \$ _____

NEW WALL/FENCE ADDING COURSES TO EXISTING (ENGINEERING REQUIRED)

SNBO/CLV DESIGN "MASONRY FENCES"(B-100) ENGINEERED DESIGN "MASONRY WALL"

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

SNBO/CLV DESIGN "RETAINING WALLS"(B-100) ENGINEERED DESIGN "RETAINING WALL"

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

CMU BLOCK/IRON COMBO CMU BLOCK/RETAINING COMBO ORNAMENTAL IRON SOLID WOOD

OTHER (DESCRIPTION) _____

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

Permit Expires 180 Days After Abandonment of Work
Permits expire when no inspection has been approved for any 180-day period after the permit has been issued.

Contractor's Information
Company Name: _____
Company Representative: _____
Phone: _____ Email: _____
State Contractor License #: _____
CLV Business License #: _____
If Contractor is not known at time of submittal type TBD