

CITY OF LAS VEGAS

BUILDING AND SAFETY DEPARTMENT

OFFSITE INSPECTION & TESTING
333 NORTH RANCHO DRIVE
LAS VEGAS, NV 89106
PHONE: (702) 229-6337
FAX: (702) 631-3000

DEVELOPER'S SUBMITTAL OF LOCATION COORDINATES

Sewer

Storm Drain

Electronic Comma Delineated File

Final Location Map (2 copies each for either sewer OR storm drain)

NOTE: THE TOP PART OF THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

PROJECT NAME: _____ UNIT: ____ PHASE: _____

PROJECT LOCATION: _____

CLV PLAN #: _____ CLV PROJECT # _____ SHEET NO. (S): _____

OF MANHOLES ____ PUB. SEWER/STORM DRAIN LIN. FT. ____ # OF PRIVATE LATERALS ____

DEVELOPER: _____ PHONE: _____ FAX: _____

SURVEY CO.: _____ PHONE: _____ FAX: _____

CONTRACTOR: _____ PHONE: _____ FAX: _____

CONTRACTOR'S SUPERVISOR NAME: _____ MOBILE: _____

DATE OF REQUEST: _____

**SUBMIT DIRECTLY TO THE OFFICE OF THE CITY
SURVEYOR LOCATED ON THE 8th FLOOR OF THE
DSC / 333 N Rancho, 89106**

Please get a stamped copy of this form for your records.

CITY USE ONLY

DATE AND INITIALS / RECEIVED BY THE CITY SURVEYOR _____

ACCEPTABLE BY CITY SURVEYOR DATE: _____ NOT ACCEPTABLE BY CITY SURVEYOR DATE _____

CLV SURVEYOR'S SIGNATURE: _____ DATE: _____

THE CITY OF LAS VEGAS RECOMMENDS THAT ALL DEFICIENCIES NOTED ON THE ATTACHED SURVEY REPORT BE CORRECTED PRIOR TO THE FINAL ACCEPTANCE.

Notes: _____

ROUTING:

> Once "ACCEPTABLE"; SURVEY to forward a copy of this form to O.I.T. for the file.

> Final Location Maps to be forwarded to and retained by Flood Control or Sanitation Engineer respectively.