



APPLICATION / PLOT PLAN FOR REPETITIVE TRACT PERMITS

ADDRESS: _____ PARCEL NO. _____

RECORDED SUBDIVISION NAME: _____ ZONING: _____

LAND USE ENTITLEMENTS (I.E. TMP, FMP, VAR): _____

MINIMUM SETBACKS: FRONT TO HOUSE: _____ FRONT TO GARAGE: _____ SIDE YARD: _____

CORNER SIDE YARD: _____ REAR YARD: _____

PLAN CHECK#: _____ LOT#: _____ BLOCK: _____ BOOK: _____ PAGE: _____

APPROVAL FOR: SFD PATIO COVER BALCONY FIRE SPRINKLERS REQUIRED: YES NO

AP# _____

NUMBER OF STORIES: ONE TWO THREE MODEL HOME: YES NO



CONTRACTOR/AGENT/OWNER _____ DATE _____ STATE LICENSE NO. _____ CITY LICENSE NO. _____

CONTACT NAME: _____ PHONE NUMBER: _____ FAX NO: _____

EMAIL CONTACT FOR READY NOTICE: _____

BUILDING DEPARTMENT _____ DATE _____

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS APPLICATION AND THE PROPOSED PLANS AND HAVE FOUND THAT THE PROPOSED DEVELOPMENT MEETS THE REQUIREMENTS OF THE CITY OF LAS VEGAS FLOOD HAZARD REDUCTION ORDINANCE FOR THE ISSUANCE OF DEVELOPMENT PERMIT.