



**CITY OF LAS VEGAS  
DEPARTMENT OF BUILDING & SAFETY  
PERMIT APPLICATION**

Project # \_\_\_\_\_ (CLV ONLY) Parent (Original) Project # \_\_\_\_\_

FOR:  Commercial & Public Structures  Single Family Residence VALUATION: \$ \_\_\_\_\_

WORK DESCRIPTION: \_\_\_\_\_

*\*Please use the Web Estimator, <http://www.lasvegasnevada.gov/Apply/permitEstimator.htm>, for your fee estimates. A print out of your Permit Estimator results should be attached to this application. Do not bring a pre-printed check as your final fees may be different from the estimate.*

PROJECT/TENANT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PARCEL NO.: \_\_\_\_\_ ZONE: \_\_\_\_\_ Land Use/Entitlements: \_\_\_\_\_

**APPLICANT INFORMATION:**

Company Name: \_\_\_\_\_ Individual Name: \_\_\_\_\_

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

**CONTRACTOR INFORMATION:**

Owner/Builder (Residential Only on primary residence)

Company Name: \_\_\_\_\_ Individual Name: \_\_\_\_\_

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

State Contractor License: \_\_\_\_\_ City of Las Vegas Business License: \_\_\_\_\_

**REQUIRED FOR SUBMITTAL:** (Please note that plan check fees are based on occupancy, use, construction type and square footage)

OCCUPANCY GROUP: \_\_\_\_\_ USE: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_

TOTAL SQUARE FOOTAGE: \_\_\_\_\_ AFFECTED SQ' (TI's): \_\_\_\_\_  Is this a Highrise? More than 55'?

**\*\*IF THE BUILDING IS MIXED USE, PROVIDE CODE ANALYSIS PER FLOOR AS A SEPARATE ATTACHMENT\*\***

SQUARE FT OF FLOOR AREAS: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Garage \_\_\_\_\_

Patio \_\_\_\_\_ Balcony \_\_\_\_\_ No. of Units \_\_\_\_\_ No. of Stories \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

I state that the information I have supplied on this application is true and correct. By signing this application, I agree to comply with all conditions as noted on this permit.

\_\_\_\_\_  
Contractor or Agent / Owner Date

\_\_\_\_\_  
Planning Department Date

\_\_\_\_\_  
Land Development/Flood Control Engr. Date

\_\_\_\_\_  
Fire Department Date

\_\_\_\_\_  
Building Department Date

TOTAL PERMIT FEE: \$ \_\_\_\_\_

PRE-PAID: Plan Review	\$ _____
PRE-PAID: Zoning	\$ _____
TOTAL	\$ _____

**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.