



**City of Henderson**  
**Development Services Center**  
 240 Water Street. P.O. Box 95050  
 Henderson, Nevada 89009-5050

*COH Time/Date Stamp*

**ROUTING FORM**  
 Bring this form and plans for submittal to the Records Division, located on the 1<sup>st</sup> floor in the Development Services Center  
 (Incomplete Forms will not be Accepted)

<b>Permit #:</b> _____	<b>Accepted By:</b> _____
<b>Permit Type:</b> _____	<b>KIVA Nodes :</b> _____

<input type="checkbox"/> <b>RESUBMITTAL</b> A resubmittal is a modification <i>prior</i> to the permit being issued or approved.	<input type="checkbox"/> <b>REVISION</b> A revision is a modification <i>after</i> the permit has been issued or approved.	<input type="checkbox"/> <b>ORIGINAL MYLAR</b> for required signatures.
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**Please Deliver to:**

<input type="checkbox"/> <b>Building 267-3650</b>  <u>Plans</u> <input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other _____  Attn: _____ _____	<input type="checkbox"/> <b>Community Development 267-3640</b>  <u>Maps</u> <input type="checkbox"/> Final Map <input type="checkbox"/> Parcel Map <input type="checkbox"/> Reversionary Map <input type="checkbox"/> Boundary Line Adjustments	<input type="checkbox"/> <b>Fire 267-3630</b>  <u>Plans</u> <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler <input type="checkbox"/> Gates <input type="checkbox"/> Hood <input type="checkbox"/> Other _____  Attn: _____ _____	<input type="checkbox"/> <b>Public Works 267-3680</b>  <input type="checkbox"/> Improvement Plans <input type="checkbox"/> Plot & Grading Plan <input type="checkbox"/> Hydrology <input type="checkbox"/> Other _____  Attn: _____ _____	<input type="checkbox"/> <b>Traffic 267-3200</b>  <input type="checkbox"/> Traffic Analysis <input type="checkbox"/> Other _____  Attn: _____ _____	<input type="checkbox"/> <b>Utility Services 267-3670</b>  <input type="checkbox"/> Hydraulic Analysis <input type="checkbox"/> Pre-Design Report <input type="checkbox"/> Water Commitment <input type="checkbox"/> Septic Permit Copy <input type="checkbox"/> Well Driller's Report <input type="checkbox"/> Utility Master Plan <input type="checkbox"/> Plumbing Plan <input type="checkbox"/> Other _____  Attn: _____ _____
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<b>Project Name:</b>	_____		
<b>Project Address:</b>	_____		
<b>Contact Name:</b>	_____	<b>Firm Name:</b>	_____
<b>Contact Phone:</b>	_____	<b>Contact Fax:</b>	_____
<b>Comments/Description:</b>	_____		

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Department use only</b>			
<b>Bin #</b>	<b>Plans Examiner</b>	<b>Fees Due \$</b>	<b>Will Call #</b>