



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

ROUTING FORM

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

COH Time/Date Stamp

Permit #: _____	Accepted By: _____
Permit Type: _____	

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

<input type="checkbox"/> Building 267-3650 Plans <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"/> Community Development 267-3640 Maps <input type="checkbox"/> Final Map <input type="checkbox"/> Parcel Map <input type="checkbox"/> Reversionary Map <input type="checkbox"/> Boundary Line Adjustments	<input type="checkbox"/> Fire 267-3630 Plans <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"/> Public Works 267-3680 <input type="checkbox"/> Improvement Plans <input type="checkbox"/> Plot & Grading Plans <input type="checkbox"/> Hydrology <input type="checkbox"/> Other: _____ Attn: _____	<input type="checkbox"/> Traffic 267-3200 <input type="checkbox"/> Traffic Analysis <input type="checkbox"/> Other: _____ Attn: _____	<input type="checkbox"/> Utility Services 267-3670 <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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Project Name: _____	Project Address: _____
Contact Name: _____	Firm Name: _____
Contact Phone: _____	Contact Fax: _____
Comments/Description: _____	

Submitted By: _____ Date: _____

Department Use Only			
Bin #:	Plans Examiner:	Fees Due \$:	Will Call #: