



City of Henderson Development Services Center
 240 S. Water Street, P.O. Box 95050, Henderson, NV 89009-5050
 Phone 702-267-3600 Fax 702-267-3601
EXPEDITED PLAN REVIEW REQUEST FORM
(PLEASE PRINT CLEARLY)

Internal Use Only
 Permit Number: _____

- **THIS REQUEST OF EXPEDITED PLAN REVIEW IS NOT GUARANTEED AND IS SUBJECT TO STAFF AVAILABILITY AND APPROVAL.**
- **INCLUDE A COPY OF YOUR SITE PLAN FOR BUILDING AND CIVIL PLAN REQUESTS**

PROJECT DESCRIPTION: _____

EXPECTED SUBMITTAL DATE: _____ SQ FOOTAGE OR ACREAGE _____

PROJECT LOCATION (include APN): _____

INDICATE THE TYPE OF PLANS BEING SUBMITTED FOR EXPEDITED REVIEW (MARK ONLY ONE BOX WITH 'X')

- Building Permit (Complete) Building Permit (Structural Only) Civil Plans Traffic Study Hydrology Study

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY CONTACT: _____ PHONE #: _____

EMAIL: _____

PERSON REQUESTING EXPEDITED PLAN REVIEW: _____
 (GUARANTOR OF PAYMENT FOR EXPEDITED PLAN REVIEW)

DESIGN PROFESSIONALS

NAME	DISCIPLINE	COMPANY	FAX	EMAIL

SIGNATURE OF GUARANTOR: _____ DATE _____

(THIS SECTION IS FOR INTERNAL USE ONLY)

DATE OF REQUEST: _____ REQUEST APPROVED REQUEST DENIED

ESTIMATED PLAN REVIEW FEE \$ _____ 50% DUE UPON SUBMITTAL \$ _____

PLAN REVIEW TIME ESTIMATE PER REVIEW: _____

PRINT NAME: _____ SPECIAL NOTES: _____

TITLE: _____

SIGNATURE _____ DATE: _____