



Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000

In-Facility Services Receipt

Jerome A. Stueve, P.E., Director
Samuel D. Palmer, P.E., Assistant Director · Girard W. Page, Fire Marshal

DATE: _____

PAC NO: _____

If associated to multiple PAC No.'s, attach list.

PROJECT NAME: _____

PROJECT LOCATION: _____

CONTRACTOR / OWNER: _____

NON-CONFORMANCE REPORTS (NCR): FEE AMOUNT: \$ _____

ADMINISTRATION FEE: {20% OF FEE AMOUNT}: \$ _____

TOTAL FEE AMOUNT (A) = \$ _____

REVISIONS/DEFERRED SUBMITTALS: CONTRACT SERVICE FEE AMOUNT: \$ _____

ADMINISTRATION FEE: {\$ _____ PER HOUR (x) TOTAL NUMBER OF HOURS: _____ } = \$ _____

Rates per Clark County Building Administrative Code, Section 22.02.430, Table 3-I.

TOTAL FEE AMOUNT (B) = \$ _____

GRAND TOTAL (A + B) = \$ _____

METHOD OF PAYMENT: (CHECK ONE) , CHECK # _____ , PRE-PAID ACCOUNT # _____

JOB REPRESENTATIVE'S NAME: _____ SIGNATURE: _____ DATE: _____

CLARK COUNTY REPRESENTATIVE'S NAME: _____ SIGNATURE: _____ DATE: _____

PART II

COMPLETE THIS BOTTOM PORTION WHEN PAYMENT IS NOT RECEIVED DUE TO A PREVIOUSLY ARRANGED PAYMENT AGREEMENT.

I have requested and authorized the above described In-Facility Plan Review services and assume the responsibility of reimbursement to Clark County Department of Development Services for the sum as shown in the Total Fee Amount category listed above.

I authorize the County to withdraw this sum from the established account for this property

Payment of the sum amount will be available for pick-up on _____

AGENT'S NAME: _____ SIGNATURE: _____

DATE: _____ WITNESS: _____

FOR DEVELOPMENT SERVICES' USE ONLY

SUPERVISOR'S SIGNATURE: _____ MANAGER'S SIGNATURE: _____

DATE: _____