



DEPARTMENT OF COMPREHENSIVE PLANNING

REQUEST FOR APPEAL

REQUIREMENTS FOR FILING AN APPEAL

- Any interested party may file a request for appeal to an action of the Zoning Administrator or Planning Commission.
- The Request for Appeal form must be received in the Department of Comprehensive Planning no later than 5:00 p.m., fiv(5) judicial (business) days following action on the application.
- An appeal of the Planning Commission action will be scheduled for hearing before the Board of County Commissioners’ (Board) within forty (40) days after filing the appeal.
- The Board may restrict debate to issues raised by the appeal or may elect to review all actions and/or conditions imposed by the Zoning Administrator or Planning Commission.
- The Board’s decision on the appeal is final and effective after five (5) judicial (business) days of the decision. NO permits or licenses shall be issued until the decision becomes final.
- A Zoning Administrator’s Decision requires a \$100 fee and a Disclosure Form, in addition to this form.
- An appeal of the Planning Commission action initiated by the property owner shall require re-notification fees.
- This form can be emailed (cadmin@clarkcountynv.gov), or mailed to Comprehensive Planning (P.O. Box 551741, Las Vegas, NV 89155-1741), before the deadline noted above.
- For further questions, please call 702-455-4314, Option 2, Option 1 to speak to a planner directly.

APPELLANT NAME: _____
Applicant Neighbor Interested Party

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

TELEPHONE: _____ **ALTERNATE:** _____

PLANNING COMMISSION MEETING DATE: _____

ADMINISTRATIVE DECISION DATE ZONING ADMINISTRATOR: _____

AGENDA ITEM #: _____ **APPLICATION #:** _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

REASON FOR APPEAL (additional sheet(s) permitted if necessary):

SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Appeal Received – Date and Time: _____

Scheduled Board Meeting – Date and Time: _____

Commissioner: _____

Notification to Applicant/Correspondent (Name): _____

Date/Time: _____ **Processed by:** _____

Notification List Updated for PHN(s): _____

Date/Time: _____ **Processed by:** _____