



DEPARTMENT OF COMPREHENSIVE PLANNING

REQUEST FOR APPEAL

REQUIREMENTS FOR FILING AN APPEAL

- Any aggrieved person may file a request for appeal to an action of the Zoning Administrator or Planning Commission.
 - Per NRS 278.3195, an aggrieved person must have appeared at the Planning Commission meeting in person, through a representative, or must have submitted comments in writing (postcard, letter or email).
- The Request for Appeal form must be received in the Department of Comprehensive Planning no later than 5:00 p.m., five (5) working 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) working days of the decision. No permits or licenses shall be issued until the decision becomes final.
- An appeal of the 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 (cpadmin@clarkcountynv.gov), mailed to Comprehensive Planning (P.O. Box 551741, Las Vegas, NV 89155-1741), or hand delivered to Comprehensive Planning (500 S. Grand Central Parkway, Las Vegas, NV 89155), 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: _____	
PHONE NUMBER: _____	APPLICANT <input type="checkbox"/> AGGRIEVED PERSON <input type="checkbox"/>
ADDRESS: _____	CITY: _____ ZIP: _____
APPLICATION NUMBER: _____	
PLANNING COMMISSION MEETING DATE: _____	
ZONING ADMINISTRATOR'S DECISION DATE: _____	
REASON FOR APPEAL (additional sheet(s) permitted if necessary): _____ _____ _____	
SIGNATURE: _____	DATE: _____
<u>DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY</u>	
REQUEST RECEIVED DATE/TIME: _____	
REQUEST ACCEPTABLE <input type="checkbox"/>	REQUEST UNACCEPTABLE <input type="checkbox"/>
BCC MEETING DATE: _____	COMMISSIONER: _____
CORRESPONDENT NOTIFIED BY: _____	DATE: _____
NOTIFICATION LIST UPDATED BY: _____	DATE: _____