



Department of Public Works

Construction Management • EP/TCP Team

500 S Grand Central Parkway 1st Floor Las Vegas, NV 89155

(702) 455-4600

www.ClarkCountyNV.gov

ENCROACHMENT PERMIT APPLICATION

Application Number _____ Fee _____ Expiration Date _____

Contractor's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ NV State Contractor's License Number _____

Classification _____ Clark County Business License Number _____

Contact Person's Name _____ Telephone Number (8:00am to 5:00pm) _____

Contact Person's email address _____

Emergency Contact Person _____ Emergency Telephone Number (5:00pm to 8:00am) _____

Clark County Maintained Storm Drain Facilities

Does this project come within 18" vertically of County Maintained infrastructure: NO ___ YES ___

Does this project come within 6' horizontally of County Maintained infrastructure: NO ___ YES ___

If yes to either question, work plan must clearly indicate County facility (type, size and location) in relation to proposed installation. Please utilize the following link when determining potential impact.

<https://www.arcgis.com/home/webmap/viewer.html?webmap=65f43697392c42a582c21128caec73c&extent=-115.2746,36.056,-115.0211,36.1709>

Is the encroachment along a roadway with an existing RTC Transit Route? NO ___ YES ___ (if YES, Route NO. _____)

(for current RTC Transit Route Map go to <http://www.rtcnv.com/transit/routes-maps-schedules/transit-guide/>)

The applicant hereby petitions to encroach upon Clark County right-of-way to perform the following (description of work):

ANY UTILITY INSTALLATION REQUIRES A PLAN APPROVED BY AND SIGNED BY THE UTILITY COMPANY.

Cross Streets: _____ Address or APN: _____

STANDARD ENCROACHMENT PERMIT CONDITIONS:

As applicant for an encroachment permit to do the above described work, I certify that the plans accompanying this application depict County owned or maintained infrastructure within or proximate to the work to be performed and I acknowledge that I will be subject to the standard encroachment permit conditions, as stated above, and any special conditions for the restoration of all County maintained infrastructure that may be placed on the actual permit for this work in the Clark County right-of-way.

SIGNED: _____

TRAFFIC CONTROL: APPROVED / REJECTED

NAME (printed): _____

EXPLANATION: _____

TITLED: _____

ENCROACHMENT PERMIT: APPROVED / REJECTED

DATE: _____

EXPLANATION: _____

NOTIFIED: _____

01/2021

PAYMENT TYPE: CHECK / ESCROW

CHECK # _____ OR ESCROW ACCOUNT HOLDER _____