DEPARTMENT OF PUBLIC WORKS



Pre-Submittal Review Request Form

Project Name: Location/Cross Streets: Drainage Study #: Traffic Study #:			
		Type of Development:	
		 □ Commercial □ Industrial □ Single Family Residential □ Multi-Family Residential 	
 □ Standard Review □ Expedited Review (See Expedited Review Fee Schedule) □ Development Agreement Review □ Preliminary Self Certification Review - Self Certified Engineer's Self Certification #:			
		Self Certification	Expiration #:
		Engineering Firm:	Phone #:
		Stamping Engineer:	Direct Phone #:
Project Manager (if different than Stamping Engineer):	Direct Phone #:		
Meeting attendees:			
Meeting Request (Please submit this request 6-8 business days	in advance of the requested date.)		
Requested Date(s)/Time(s):			
Does this project qualify for early grading? \Box Y \Box N If the site qualify	ualifies, are you requesting early grading? \Box Y \Box N		
Construction Water: A fire hydrant is existing adjacent to the p	property A fire hydrant will need to be installed		
Please email the completed form to: PWDFC@cityofnorthlasveg	as.com		
Email subject title: "PSR REQUEST FOR [PROJECT NAME]"			