DEPARTMENT OF PUBLIC WORKS



Pre-Submittal Review Request Form

Project Name:	
Location/Cross Streets:	
Drainage Study #: Traffic Study #:	
APN #:	
Type of Development:	
□ Commercial □ Industrial □ Single Famil	y Residential Multi-Family Residential
□ Infrastructure □ Utilities □ Ou	side City Water Mass Grading
Type of Review:	
□ Standard Review □ Expedited Review (See	Expedited Review Fee Schedule)
□ Development Agreement Review	
□ Preliminary Self Certification Review - Self Certified	Engineer's Self Certification #:
Self Certificat	on Expiration #:
Engineering Firm:	Phone #:
Stamping Engineer:	Direct Phone #:
Project Manager (if different than Stamping Engineer):	Direct Phone #:
Meeting Attendees: Name:Email:	
Name:Email:	
Name:Email:	
Meeting Request (Please submit this request 6-8 business da	ys 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	qualifies, are you requesting early grading? □ Y □ N
Construction Water: □ A fire hydrant is existing adjacent to the	e property A fire hydrant will need to be installed
Please email the completed form to: PWDFC@cityofnorthlasv	regas.com

Email subject title: "PSR REQUEST FOR [PROJECT NAME]"