



# Clark County Department of Building & Fire Prevention

4701 West Russell Road, Las Vegas, NV 89118 ~ (702) 455-3000 ~ Fax (702) 221-0630  
Jerome A Stueve, P.E., Director ~ Samuel D. Palmer P.E., Assistant Director ~ Girard W. Page, Fire Marshal

## Building Permit Application

Residential  Commercial

ASSESSOR PARCEL # 17402000002  
PROJECT NAME: Bonnie Springs Demo Phase 1  
PROPERTY ADDRESS: 16395 Bonnie Springs Rdv LOT/STE/UNIT #: \_\_\_\_\_  
PROPERTY OWNER NAME: BSR 6270, LLC PROPERTY OWNER EMAIL: Richard@JLALV.com  
TENANT NAME: N/A NEW TENANT  TENANT EMAIL: N/A

APPLICATION NO:  
**19-27570**

### DESCRIPTION OF WORK

(Demo by heavy equipment of the Motel, old Motel, Restaurant, Single Residence & two pools.

PLANS INCLUDE:  ARCH  STRUC  ELEC  MECH  PLUM  NO PLANS site plan

THIS PROPERTY IS BEING SERVICED BY:  SEPTIC  SEWER FIP#: \_\_\_\_\_ NOV#: \_\_\_\_\_ NO. UNITS: \_\_\_\_\_ NO. STORIES: \_\_\_\_\_  
TYPE OF CONSTRUCTION: DEMO OCCUPANCY: \_\_\_\_\_ SQ FT: \_\_\_\_\_ SPRINKLER SYSTEM: \_\_\_\_\_ QAA REQ'D: \_\_\_\_\_

### OWNER/BUILDER DECLARATION

I hereby certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

OWNER/BUILDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### OFFICIAL USE ONLY

COMMENTS:

STANDARD PLAN #: \_\_\_\_\_

### CITIZEN ACCESS CONTACT INFORMATION

NAME: BRIANA MUNOZ CONTACT ID: 192044  
COMPANY NAME: CLAUSS CONSTRUCTION  
EMAIL ADDRESS: briana@claussconstruction.com  
PHONE NO: 702-301-2950  
MAILING ADDRESS: 9911 Main E AVE  
CITY: LAKESIDE STATE: CA ZIP: 92040  
Briana Munoz 6/14/19  
APPLICANT SIGNATURE DATE

### FEES

VALUATION: \$ 3105,388  
PERMIT: \$ 1314.45  
PLAN REVIEW FEE PAID: \$ 890.34  
BAL. DUE/CREDIT OF PLAN REVIEW: \$ \_\_\_\_\_  
ZONING PLAN REVIEW: \$ 131.75  
ELECTRICAL PERMIT: \$ \_\_\_\_\_  
ELECTRICAL PLAN REVIEW: \$ \_\_\_\_\_  
MECHANICAL PERMIT: \$ \_\_\_\_\_  
MECHANICAL PLAN REVIEW: \$ \_\_\_\_\_  
PLUMBING PERMIT: \$ \_\_\_\_\_  
PLUMBING PLAN REVIEW: \$ \_\_\_\_\_  
STORM SEWER: \$ \_\_\_\_\_  
PARK: \$ \_\_\_\_\_  
TRANSPORTATION: \$ \_\_\_\_\_  
PFNA: \$ \_\_\_\_\_  
MSHCP: \$ \_\_\_\_\_  
MITIGATION REPORT: \$ \_\_\_\_\_  
TRAFFIC MITIGATION: \$ \_\_\_\_\_  
NOV: \$ \_\_\_\_\_

### CONTRACTOR'S DECLARATION

I hereby certify that I am licensed under the provisions of N.R.S. 624.

ST LIC NO: 0637629A CLASS: A/B  
MULTI-JUR BUSINESS LIC NO: 3000009371  
COMPANY/DBA NAME: CLAUSS CONSTRUCTION  
PHONE NO: 702-301-2950  
MAILING ADDRESS: 9911 Main E AVE  
CITY: LAKESIDE STATE: CA ZIP: 92040  
Brian Munoz 6/14/19  
CONTRACTOR SIGNATURE DATE

### APPROVALS

ZONING REVIEW BY: Jm DATE: 6/14/19  
BLDG PLAN REVIEW BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BALANCE DUE: \$ 1449.20

CASH  CC  CHECK NO 66945

ISSUED BY: \_\_\_\_\_

DATE: 6/17/19