



DEPARTMENT OF BUILDING & SAFETY

# PLANS CORRECTION TRACKING SHEET

333 North Rancho Drive, Las Vegas NV 89106-3703

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To be completed by the qualified individual taking the responsibility for having the plans correctly collated or submitted

### PLEASE PRINT

Plan Check application #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Your Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_ Date: \_\_\_\_\_

### Plan revisions and response letters provided. Check all that apply.

	Plans	Letters
Architectural	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>
Land Development	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Scope of changes/revision letter (required)	<input type="checkbox"/>	<input type="checkbox"/>
Change to site plan, landscape, and/or site electrical	<input type="checkbox"/>	<input type="checkbox"/>
Change to floor plan that results in additional square footage	<input type="checkbox"/>	<input type="checkbox"/>
Change to exterior elevation	<input type="checkbox"/>	<input type="checkbox"/>
Change to mechanical equipment on roof	<input type="checkbox"/>	<input type="checkbox"/>

List item *and/or* sheet number(s) being added or replaced:

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Name of person collating plans (print) \_\_\_\_\_

Signature \_\_\_\_\_

Technician Initial: