



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
CODE ENFORCEMENT DIVISION
495 S Main St.
Las Vegas, NV 89101

TDD (702) 229-6615
E-mail us at codeenforcement@lasvegasnevada.gov

Request for a Waiver and/or Reduction of Civil Penalties Application

Date of Application: _____

Address of Subject Property: _____

Closest Major Intersection: _____ Parcel Number: _____

Applicant Information

Name: _____ Applicant type: Owner Purchaser Agent Other _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Property Owner Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Describe the reason for the waiver/reduction request (Additional sheets may be attached if needed)

Describe the existing condition/situation of the subject property (Additional sheets may be attached if needed)

Describe the immediate plans for the property, including any planned improvements (Additional sheets may be attached if needed)

Amount of City of Las Vegas Lien on Property: \$ _____ Amount requested for waiver and/or reduction: \$ _____

Property Owners Only

Please review and initial one

_____ I acknowledge that I am the property owner and understand that I must attend the waiver request hearing.

I as the owner understand that I may only utilize representation by a lawyer if I am not in attendance of the hearing.

_____ My legal representation will be _____

I am the legal property owner and am requesting a hearing by conference call.

_____ The contact number to reach me is _____

Acknowledgements

Please Initial

_____ I acknowledge real estate personnel cannot represent my interest.

_____ I acknowledge that paid fees and fines will not be refunded.

Signature of Applicant: _____

Date: _____

Signature of Property Owner: _____
(must be notarized)

Date: _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me, a Notary Public, on this

_____ day of _____, 20__

NOTARY PUBLIC in and for said County and State

Submit application by email to CodeEnforcement@LasVegasNevada.GOV or mail to:

**City of Las Vegas / Code Enforcement Division
495 S Main St.
Las Vegas, NV 89101**

For Office Use Only

Council Ward: _____ Case/File Number: _____ Council Action date of Lien: _____