



togetherforbetter

APPLICATION FORM

APPLICATION #: _____

DATE FILED: _____ STAFF: _____

FEE: _____ PAID: ONLINE CASH CHECK

STAFF USE ONLY

Document requirements for each submittal type can be found on our website:

www.clarkcountynv.gov/government/departments/public_works_department/development/map_team.php

PROPERTY INFORMATION

ASSESSOR PARCEL NUMBER(S): _____

NEAREST CROSS STREETS: _____

IS THIS AN AFFORDABLE HOUSING PROJECT? NO YES FEE REDUCTION: _____ %

PROPERTY OWNER/APPLICANT

OWNER NAME: _____

OWNER E-MAIL: _____ OWNER PHONE #: _____

APPLICANT NAME: _____

APPLICANT E-MAIL: _____ APPLICANT PHONE #: _____

CONTACT

NAME: _____ COMPANY NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE #: _____

RCI # OR ACA E-MAIL ADDRESS (IF PAYING ONLINE): _____

VERIFICATION OF APPLICATION INFORMATION

(I, We) the undersigned swear and say that (I am, We are) the owner(s) of record on the Tax Rolls of the property involved in this application, or (am, are) otherwise qualified to initiate this application under Clark County Code; that the information on the attached legal description, all plans, and drawings attached hereto, and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application must be complete and accurate before a review can be conducted.

PROPERTY OWNER (SIGNATURE)

PROPERTY OWNER (PRINT)

PROPERTY OWNER (SIGNATURE)

PROPERTY OWNER (PRINT)

STAFF USE ONLY

DECISION: APPROVED DENIED UNTIL: _____

CONDITIONS OF APPROVAL: _____

MAP TEAM STAFF

DATE