



MAILING LIST REQUEST FORM

CLARK COUNTY COMPREHENSIVE PLANNING DEPARTMENT

ASSESSOR'S PARCEL NUMBER(S): List parcels below. Parcels must be contiguous.

PURPOSE OF REQUEST: I am requesting a mailing list: (Check one)

- To conduct a required neighborhood meeting for a future Master Plan Planning Area Amendment application.
- To conduct a neighborhood meeting for an active application (if selected skip to Submittal Process).
Application number(s): _____
- Other: _____

SEARCH RADIUS: (Check one)

- 1,500'
- 2,500'

NOTES:

1. Search radius is the distance from the exterior boundary of the subject parcel(s) for which the addresses will be obtained.
2. If, within the selected radius, 100 individual property owners are not identified, the radius will be increased to include a minimum of 100 individual property owners.
3. Mailing lists requested for future and active land use applications include the applicable project location maps and addresses for property owners, manufactured home tenants, the applicable Town Advisory Board(s)/Citizen Advisory Council(s), and the Commissioner(s) in whose district the property is located, and more.
4. Each address obtained includes the legal parcel owner as listed in the Clark County Assessor's Records.

SUBMITTAL PROCESS:

- Completed requests can be dropped off in our lobby, mailed to our address, or emailed to CPAdmin@ClarkCountyNV.gov.
- \$30 is required at time of request. Fees are not required if request is related to an active application*. NOTE: Exact payment only. Staff can accept cash, check, and debit cards. Checks payable to "Clark County" or "Comprehensive Planning." Payments for any application related to marijuana establishment limited to cash and check options only. *Mailing radius must match application radius. If other radius is requested payment will be required.
- Staff will complete the request no later than 2 working days after fees are paid.

DELIVERY METHOD:

- An email will be sent with the excel spreadsheet and project location maps attached.

CONTACT INFORMATION:

NAME: _____ **TELEPHONE:** _____

E-MAIL: _____

FOR STAFF USE ONLY:

DATE IN: _____ **DATE OUT:** _____

ADDITIONAL FEES REQUIRED: _____ **COMPLETED BY:** _____