



Department of Comprehensive Planning Application Form

ASSESSOR PARCEL #(s): _____

PROPERTY ADDRESS/ CROSS STREETS: _____

DETAILED SUMMARY PROJECT DESCRIPTION

PROPERTY OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CELL _____ EMAIL: _____

APPLICANT INFORMATION (must match online record)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ REF CONTACT ID # _____

TELEPHONE: _____ CELL _____ EMAIL: _____

CORRESPONDENT INFORMATION (must match online record)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ REF CONTACT ID # _____

TELEPHONE: _____ CELL _____ EMAIL: _____

*Correspondent will receive all communication on submitted application(s).

(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 and understands that this application must be complete and accurate before a hearing can be conducted. (I, We) also authorize the Clark County Comprehensive Planning Department, or its designee, to enter the premises and to install any required signs on said property for the purpose of advising the public of the proposed application.

Property Owner (Signature)*

Property Owner (Print)

Date

DEPARTMENT USE ONLY:

| | | | | | | |
|-----|----|-----|------|----|----|-------------|
| AC | AR | ET | PUDD | SN | UC | WS |
| ADR | AV | PA | SC | TC | VS | ZC |
| AG | DR | PUD | SDR | TM | WC | OTHER _____ |

APPLICATION # (s) _____

ACCEPTED BY _____

PC MEETING DATE _____

DATE _____

BCC MEETING DATE _____

FEES _____

TAB/CAC LOCATION _____

DATE _____