APPLICATION #:	STAFF:
DATE FILED:	EXPIRATION:
FEE:	PAID: ONLINE CASH CHECK
SUBMITTAL TYPE: NEW	INCOMPLETE PACKAGE EXT OF TIME
	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

TYPE OF EASEMENT OR DEDICATION						
RELATED APPLICATION NUMBERS (FILL IF APPLICAB	LE)					
IMPROVEMENT PLAN (PW):LAND USE (VS-, ET-, ETC):		DRAINAGE STUDY (PW):				
PROPERTY INFORMATION						
ASSESSOR PARCEL NUMBER(S):		☐ YES	FEE REDUCTION:	%		
PROPERTY OWNER/APPLICANT						
APPLICANT NAME:		OWNER PHONE #:				
CONTACT						
NAME: ADDRESS: E-MAIL: RCI # OR ACA E-MAIL ADDRESS (IF PAYING ONLINE	CITY:		STATE: PHONE #:	ZIP:		
VERIFICATION OF APPLICATION INFORMATION						
(I, We) the undersigned swear and say that (I as application, or (am, are) otherwise qualified to attached legal description, all plans, and drawing respects true and correct to the best of my known complete and accurate before a review can be	initiate this app gs attached here wledge and belie	lication under C to, and all the sto	lark County Code; tha atements and answers c	t the information on the ontained herein are in all		
PROPERTY OWNER (SIGNATURE)	PROPERTY C	PROPERTY OWNER (PRINT)				
PROPERTY OWNER (SIGNATURE)		PROPERTY O	PROPERTY OWNER (PRINT)			