

Checklist

- Original Signed & Notarized Application
- 6 Copies of the Application
- Fee [\$661 application fee]
- 2 copies of recorded deed
- 7 copies of most recent Assessor's Map
- Copy of legal description
- Survey Closure Calculations [one set]
- Copy of Public Works Letter of Transmittal of Civil Improvement Plans 1st review
- Copy of Utility Services Letter of Transmittal of Civil Improvement Plans 1st review.
- Copy of Public Works, Flood Control, letter of approval for Drainage Study
- 7 copies [11" x 17"] related Design Review, Tentative Map, or Zone Change with conditions of approval (If applicable)
- 7 copies [24" x 36"] & 1 copy [11" x 17"] of Parcel Map
 - Signed by owner and notarized
 - Signed and stamped by Surveyor
 - Name of proposed project
 - Vicinity map
 - Total acreage
 - Total number of lots/lot & block numbers
 - Lot sizes/dimensions/curve data information
 - Street names/street widths
 - Legend/north arrow/scale [each sheet]
 - Adjacent Assessor's Parcel Numbers/record information/recorded dedications
 - Easements [public/private/dedication]
- An original mylar will be requested by the Community Development Department when the map has been approved and is ready to be routed for signatures

**City Service Commitment will not apply to incomplete submissions*

City of Henderson
Community Development
240 Water Street
P.O. Box 95050
Henderson, NV 89009-5050



The City of Henderson

Parcel Map

Application
Form

Application Fee
\$661

Community Development

240 Water Street
P. O. Box 95050
Henderson, NV 89009-5050

Phone: 702-267-3640

FAX: 702-267-3603

Website: www.cityofhenderson.com



Project Name: _____

Project Location: _____

Assessor's Parcel Number(s): _____

Existing Zoning: _____ Comprehensive Plan Land Use: _____ Gross Acres: _____

Indicate Number of Lots by Use:

Single-Family _____ Commercial _____ Industrial _____ Townhouse _____ Total No. of Lots _____
 Apartments _____ Condominiums _____ Common _____ Other (Explain) _____ Density _____

Intent of this Request: _____

Related Applications: _____

Owner	Name _____
	Address _____ City _____
	State _____ Zip Code _____ Phone () _____
Applicant	Name _____
	Address _____ City _____
	State _____ Zip Code _____ Phone () _____
Contact Person	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone () _____ FAX () _____
	E-mail _____ Alternate Phone () _____
	The person listed as contact will be contacted to answer questions regarding this application and provide additional information when necessary.

Owner Signature _____

Print Name _____

NOTARY	This instrument was acknowledged to before me on _____

	Signature _____

For Office Use Only									
CPMA#									
Accepted by: _____									
Date: _____									