

Checklist

- Original Signed & Notarized Application
- Copy of the Application
- Fee [\$366 application fee]
- 2 copies of recorded deed
- 2 copies of most recent Assessor's Map
- 2 copies of legal description
- 1 set of Closure Calculations
- Copy [11" x 17"] of previously recorded map for property being reverted
- 2 copies [24" x 36"] & 1 copy [11" x 17"] of Reversionary 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
**Reversionary
Map**



**Application
Form**

**Application Fee
\$366**

**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): _____

Sixteenth Section _____ of the _____ of Section _____ Township _____ S Range _____ E

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

Original Number of Lots: _____ Number of Lots Created with the Map: _____

Intent of this Request: _____

List the recording information of the map(s) that originally created this parcel: _____

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											
CRMA#											
Accepted by:											
Date:											