

Checklist

For Recorded Map

- Original signed application
- Copy of the application
- 2 copies [11" x 17"] of recorded map

For Commercial Addressing

- Original signed application
- 2 copies [11" x 17"] of site plan

For All Other Addressing

- Original signed application
- 2 copies [11" x 17"] of site plan showing the location of the address request
- 2 copies of any other documents related to the address request

Addressing



Application Form



Community Development and Services

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

Phone: 702-267-1500

Fax: 702-267-1501

cityofhenderson.com

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



Addressing

Application
Form

Project Name: _____

Project Location: _____

Assessor's Parcel Number(s): _____

(Residential) CFMA# _____

(Commercial) CDRA#/CZCO#/ or CZCA# _____

(Irrigation meters, pedestals, street lights, signs) PCVL# _____

Applicant	Name _____ Company _____
	Address _____
	City _____
	State _____ ZIP Code _____ Phone () _____
	Email _____
Contact Person	Name _____ Company _____
	Address _____
	City _____
	State _____ ZIP Code _____ Phone () _____
	Email _____
	Fax () _____ Alternate Phone () _____
The person listed as contact will be contacted to answer questions regarding this application, provide additional information when necessary.	

Applicant Signature _____

Print Name _____

For Office Use Only									
Accepted by									
Date									