

Checklist

- Original Signed Application
- Copy of the Signed Application
- Original (8 ½" x 11") Certificate of Amendment
- Copy (8 ½" x 11") Certificate of Amendment
- 2 copies of the Justification Letter
 - Written explanation outlining reasons for the Certificate of Amendment

Certificate of Amendment



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



Certificate of Amendment

Application Form

Project Name _____

Project Location _____

Assessor's Parcel Number(s) _____

CFMA# _____

Intent of this Request _____

Related Applications _____

Applicant	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone () _____ E-mail _____
Contact Person	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone () _____ E-mail _____
	Fax () _____ Alternate Phone () _____
The person listed as contact will be contacted to attend staff reviews, answer questions regarding this application, provide additional information when necessary, and will receive a copy of the staff report prior to the Planning Commission meeting.	

Applicant Signature _____

Print Name _____

For Office Use Only									
CCOA#									
Accepted by _____									
Date _____									