

## Checklist

- Original Signed Application
- 1 copy of most recent Assessor's Map
- 3 copies [24" x 36"] of Detailed Landscape & Irrigation Plan (must be signed by Landscape Architect or other Authorized Signatory)
  - Title Page
    - Project name
    - Project location
    - Vicinity map
  - Planting plan
    - Show plant sizes & quantities
    - Include botanical & common name
    - Legend/north arrow/scale [each sheet]
    - Name of proposed project
    - Street Names
    - Easements (public/private/dedication)
    - Show sight visibility zones
    - Locations of Utility Equipment & Mechanical Equipment
  - Irrigation Plan
    - Location of Point of Connection
    - Location of Backflow Prevention Device
    - Emitter Schedule
    - Sleeving
    - Details
  - Additional information as required
    - Hardscape Plan
    - Turf calculations

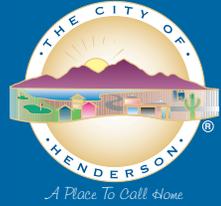
### Note:

**This permit is intended for those landscape plans that are not attached to a building permit.**

*\*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 Landscape Permit



## Application Form

## 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](http://www.cityofhenderson.com)



The City of Henderson  
 Development Services Center  
**Landscape Permit**  
 Application Form

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Related Community Development Application #s: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Comprehensive Plan Land Use: \_\_\_\_\_ Gross Acres: \_\_\_\_\_

Intent of this Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

For Office Use Only											
CLND#											
Accepted by:											
Date:											