

## Checklist

- Original Signed Application
- Fee - \$236 for first lot, \$1 each additional lot. Do not include common areas.
- Email AutoCAD drawings of the Tentative Map and Final Map for the entire development to: **LandDivisionMaps@cityofhenderson.com** and provide a copy of the email confirmation with this application.
- Most current Final Map of entire subdivision (font must be legible in 11"x17" format)
- Final Map (must have gone through at least first review)
- One copy of CLV Fire Communications approved street names
- Redlined Final Map (font size must be legible in 11"x17" format)

### Note the following:

Early addressing may only be used for models, retaining walls and perimeter walls. Additionally, the Final Map must record with the street names as they were when early addresses were issued.

*City service commitment will not apply to incomplete submissions*

## Submittal Process

Please email the completed application and required information to:  
**DSCOnline@cityofhenderson.com**

- All files need to be legible and submitted in a PDF format.
- We can accept up to 25 MB per email.
- If your files are larger than that, email us and we can send you a link to the City's FTP site to upload the files for submittal.

## Early Addressing



## Application Form

Application Fee  
\$236 for first lot

\$1 each  
additional lot



## Community Development and Services

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

Phone: 702-267-1500

Fax: 702-267-1501

cityofhenderson.com



# Early Addressing

## Application Form

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

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

CFMA# \_\_\_\_\_

Total # of residential lots: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Related Applications \_\_\_\_\_

<b>Property Owner</b>	Name _____
	Address _____
	City _____ State _____ ZIP Code _____
	Phone (    ) _____ Email _____
<b>Applicant</b>	Name _____
	Address _____
	City _____ State _____ ZIP Code _____
	Phone (    ) _____ Email _____
<b>Contact Person</b>	Name _____
	Address _____
	City _____ State _____ ZIP Code _____
	Phone (    ) _____ Alternate Phone (    ) _____
	Email _____
<small>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.</small>	

\_\_\_\_\_  
Contact Person

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

<b>For Office Use Only</b>	
<b>Accepted by</b>	
<b>Date</b>	