

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*

Reversionary Map



Application Form

Application Fee
\$366



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



Reversionary Map

Application Form

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 _____	Company _____
	Address _____	City _____
	State _____ ZIP Code _____ Phone () _____	Email _____
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 and provide additional information when necessary.		

Owner Signature _____

Print Name _____

NOTARY

State of _____, County of _____

This instrument was acknowledged before me by _____

on _____.

Notary Public

For Office Use Only											
Accepted by											
Date											