



Lincoln County Planning Department
PO Box 329
Pioche, Nevada 89043
Phone: 775.962.5345
Fax: 775.962.5347

APPLICANT INFORMATION:

Applicant(s) Name: _____ Phone: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Cell Phone: _____

E-Mail Address: _____ Alt Phone: _____

Owner (s) Name: _____

Owner (s) Name: _____

PROPERTY INFORMATION:

Parcels(s) APN: _____

Location of parcel(s): _____

Total Acreage of Parent Parcel: _____

Proposed Number of parcels: _____ Acreage of resulting parcels: _____

Current Zoning: _____ Master Plan Designation: _____

Site Address: _____ Address verified? Yes / No _____

Water/ sewer provider: _____ Fire District: _____

Power: _____ Communications: _____

Planning Overlays: _____ FEMA: _____

SITE VISITATION: Signature on this Application provides permission for site visitation by County representatives to review your request.. It must be signed by the owner of the property and attested to in the affidavit of ownership and verified by the assessor's office.

Receipt # _____

AMOUNT PAID \$ _____

REQUIRED DOCUMENTATION MUST ACCOMPANY APPLICATION

FEES: See county fee schedule

| <u>Required Information</u> | <u>Where Do I Find It?</u> |
|--|-----------------------------------|
| Copy of assessor plat map | Assessor's Office |
| Parcel Number(s) | Assessor's Office |
| Copy of Deed | Recorders Office |
| Owner's Affidavit (page 3 of this application) | Complete and notarize. |
| Town Board Approval (If applicable) | Town Board |
| Electronic version of maps | Surveyor |

PLEASE NOTE!! Applicants should understand that applying for a land division or modification does not guarantee your request will be granted.

All Documentation must be in the Planning Office approximately 5 weeks before the next scheduled Planning Commission Meeting, please review the planning deadline calendar in the Planning Commission Office. No refunds are available from a denied request.

Receipt # _____

AMOUNT PAID \$ _____



OWNER'S AFFIDAVIT

State of Nevada)
County of Lincoln) ss

I, _____

Being Duly Sworn, depose and say that I am an owner of the property involved in this Planning Application _____ and having been authorized by the other property owners (*if applicable*) that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

SIGNED: _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Subscribed and sworn before me this _____ day _____ 20__

Notary Public in and for said County and State

My commission expires _____

Receipt # _____

AMOUNT PAID \$ _____

REVERSION TO ACREAGE

1. Those items required by NRS 278.466
2. Vicinity map
3. APN's and names for subject and adjacent parcels
4. Tie to a minimum of two section corners
5. Planning file number in top center (assigned by planning department)
6. Size of all existing and proposed parcels
7. Table indicating parent parcel/proposed parcels/modified parcels and their size and/or change in size
8. Statement of purpose (e.g. divide one parcel into 4 parcels for homes)
9. Zoning and master plan designations
10. Numbering of parcels in a non-repeating numeric or alphanumeric system, 1,2,3,4 to 1a, 1b, 1c to 1a (a) 1a (2) etc.
11. All past survey references
12. Maps continuing the division of prior parcels per reference sheet must be labeled as Subsequent Parcel Maps.
13. All existing/proposed easements and right of ways
14. Major landforms, floodways, slopes, depressions etc with illustration.
15. Detail drawings included to improve clarity (when requested)
16. Township, range and section, Lot and block if applicable
17. Street address for each new parcel (assigned by planning department)
18. Signature blocks required on right side of first page in order starting from top;
 - county recorders block
 - owners
 - town board approval (if applicable)
 - planning commission
 - county assessor
 - county treasurer, must match recording date
19. Geodetic control block (see map template)

Submit an electronic copy in TIFF, JPEG or CAD format on CD/DVD.

Receipt # _____

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