

Extension of Time



Lincoln County Planning Department
PO Box 329 #1 Main Street
Pioche, Nevada 89043
Phone: 775.962.5345
Fax: 775.962.5347

APPLICANT INFORMATION:

Applicant(s) Name: _____ Phone: _____

Applicant's Mailing Address: _____ State: _____ Zip: _____

Fax: _____ Cell Phone: _____

E-Mail Address: _____ Alt Phone: _____

Owner (s) Name: _____

Owner (s) Name: _____

Treasurer signature: _____

PRIOR APPLICATION INFORMATION:

Special use Permit
 Variance

Conditional use Permit
 Tentative Map

Date of original Approval: _____

Date of application Submittal: _____

Type of use requested: _____

Prior Application File Name: _____

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.



OWNER'S AFFIDAVIT

State of Nevada)
) ss
County of Lincoln)

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: _____

Mailing Address: _____

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 \$ _____