



Lincoln County Planning Department  
PO Box 307  
#1 Main Street  
Pioche, Nevada 89043  
Phone: 775.962.5165

**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: \_\_\_\_\_

Ownership Verification: \_\_\_\_\_ Assessors signature: \_\_\_\_\_

**PROPERTY INFORMATION:**

Parcel(s) APN: \_\_\_\_\_

Location of parcel: \_\_\_\_\_

Total Acreage of Project: \_\_\_\_\_

Proposed special use: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Master Plan Designation: \_\_\_\_\_

Site Address: \_\_\_\_\_ Address verified? Yes / No \_\_\_\_\_

Water 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 assessors office.

Receipt # \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

**REQUIRED DOCUMENTATION WORKSHEET**

**FEES: See county fee schedule**

Date filed \_\_\_\_\_ Date completed \_\_\_\_\_ Meeting Date \_\_\_\_\_

**Required Information**

**Where Do I Find It?**

_____ Parcel Number(s)	Assessor's Office
_____ Copy of Assessor's plat for your parcel	Assessor's Office
_____ Assessor verification of ownership	Assessor's Office
_____ Copy of Deed/Easement map	Recorder's Office
_____ Tax letter	Treasurer's Office
_____ Owner's Affidavit (page 3 of this application)	Complete and notarize
_____ Legal description	Recorders Office
_____ Statement describing request-Supporting documents, pictures, maps, letter describing or showing why you re making this request.	
_____ TOWN BOARD APPROVAL (signature, letter, or copy of minutes)	

**PLEASE NOTE!!** Applicants should understand that applying for a Zone Change, Variance, or Special use permit does not guarantee your request will be granted. No refunds are available from a denied request.

**All Documentation** must be in the Planning Office 3 weeks before the next scheduled Planning Commission Meeting, please review the planning deadline calendar in the Planning Commission Office or on county website.

Incomplete applications will be held until completed by applicant and will be scheduled for the next available meeting after submission fees are paid.

**Applicant or authorized representative must attend the Planning Commission meeting for approval of application.**

Receipt # \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_



**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 \$ \_\_\_\_\_