



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 \$ _____