



DEPARTMENT OF PUBLIC WORKS

Request for Amended Parcel Map Review

Date: _____

I, _____, as agent for _____ hereby
submit application for **AMENDED PARCEL MAP REVIEW** on Assessor's Parcel Number(s) _____

Surveyor's Name: _____ Contact Person: _____

Address: _____

Phone: _____ FAX: _____

Owner's Name: _____

Address: _____

Phone: _____ FAX: _____

Required at Submittal:

	Five Paper Prints of Amended Parcel Map (folded)		Copy of current title report and recorded easement documents
	\$300.00 Plan Check Fee		Copy of current recorded deed

Required at Recording:

	Original signed map		Two (2) reproducible mylar copies
	Blueline copy		Subdivision Guarantee
	Beneficiary Statement (if applicable)		Recording fees payable to Clark County Recorder

- Public Works Department Real Property Service Use Only -

Date Accepted: _____

Check No: _____

Hansen No: _____

Received by: _____

Fee Receipt No: _____