



DEPARTMENT OF PUBLIC WORKS

Request for Plat Map Review

Date: _____

Subdivision Name: _____

Tentative Map No. _____ Subdivision Unit No: _____

Location of Subdivision: _____

Acreage: _____ No. of Lots: _____ Assessor's Parcel No: _____

Subdivision Type: (SF-Single Family, MF-Multi-Family, COM-Commercial, IND-Industrial) _____

Required at Submittal:

Seven (7) Paper Prints of Plat Map (folded)	Copy of current title report and recorded easement documents
\$500.00 Plans Check Fee	NEW: Address assignment fees, each address: 0-50 lots \$20.00 (_____ lots computed 51-100 lots \$15.00 @ \$_____ per lot) 101 and above \$10.00 Total fees for address assignment:\$_____
One paper copy of tentative map	

Required at Recording:

Original signed map	Two (2) reproducible mylar copies
Blueline Copy	Subdivision Guarantee
Tax Certification letter	Beneficiary Statement (if applicable)
Restrictive Covenant (if required)	Recording fees payable to Clark County Recorder

Surveyor's Name: _____ Contact Person: _____

Address: _____

Phone: _____ FAX: _____

Owner's Name: _____

Address: _____

Phone: _____ FAX: _____

- Public Works Department Real Property Service Use Only -

Date Accepted: _____ Check No. _____ Amount: _____
 Received by: _____ Receipt No. _____
 Hansen No: _____

