



# DEPARTMENT OF PUBLIC WORKS

## Request for Reversionary Map Review

Date: \_\_\_\_\_

I, \_\_\_\_\_, as agent for \_\_\_\_\_ hereby submit application for **REVERSIONARY 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 Reversionary Map (folded)		Copy of current title report and recorded easement documents
	<b>\$400.00</b> Plan Check Fee		Copy of current recorded deed

**Required at Recording:**

	Original signed map		Two (2) reproducible mylar copies
	Blueline copy (reversionary parcel map only)		Subdivision Guarantee
	Beneficiary Statement (if applicable)		Recording fees payable to <b>Clark County Recorder</b>

**- Public Works Department Real Property Service Use Only -**

Date Accepted: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 Hansen No: \_\_\_\_\_

Received by: \_\_\_\_\_  
 Fee Receipt No: \_\_\_\_\_