



**Amended Final Map Review  
Submittal Application**

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

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

Surveyor's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Required at Submittal:**

	Four Paper Prints of Amended Plat Map (folded)		Copy of current title report and recorded easement documents
	<b>\$500.00</b> Plan Check Fee		Copy of current recorded deed

**Required at Recording:**

	One original signed mylar map is required for the City. An additional mylar map may be submitted if a copy is desired for the surveyor's files.		Recording fees payable to <b>Clark County Recorder</b>
	Subdivision Guarantee		Beneficiary Statement (if applicable)

**- Public Works Department Use Only -**

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

Check No: \_\_\_\_\_

CNLV Project #: \_\_\_\_\_

Received by: \_\_\_\_\_

Fee Receipt No: \_\_\_\_\_