



DEPARTMENT OF PUBLIC WORKS

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: _____

Engineering Firm: _____ Contact Person: _____

Address: _____

Email: _____ Phone: _____

Owner's Name: _____

Address: _____

Email: _____ Phone: _____

Required at Submittal:

	One (1) PDF copy of Amended Plat Map		PDF copy of current title report and recorded easement documents
	\$500.00 Plan Check Fee (to be invoiced)		Copy of current recorded deed

- Public Works Department Use Only -

Date Accepted: _____
Check No: _____
CNLV Project #: _____

Received by: _____
Fee Receipt No: _____