



DEPARTMENT OF PUBLIC WORKS

Reversionary Map Review Submittal Application

Date: _____

I, _____, as agent for _____ hereby
submit application for **REVERSIONARY 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 of Reversionary Map	PDF copy of current title report and recorded easement documents
\$400.00 Plan Check Fee (to be invoiced)	PDF copy of current recorded deed

Required at Recording:

- Public Works Department Use Only -	
Date Accepted: _____	Received by: _____
Check No: _____	Fee Receipt No: _____
CNLV Project #: _____	