



# DEPARTMENT OF PUBLIC WORKS

## Conforming Tentative Map Review Submittal Application

<b>City of North Las Vegas Use Only -</b>  Project #: _____  Date received : ____ / ____ / ____	Project name:
	Project address:
	Assessor parcel number(s):

Engineering firm:	Contact person:
Street address:	Phone:
	Fax:
City: _____ State/Zip: _____	E-mail:
Property Owner:	Contact person:
Address:	Phone:
	Fax:
City: _____ State/Zip: _____	E-Mail:
Developer:	Contact person:
Address:	Phone:
	Fax:
City: _____ State/Zip: _____	E-Mail:

**To submit your Conforming Tentative Map for review, include the following items with your submittal:**

\_\_\_\_\_ Planning Commission / City Council Conditions of approval

\_\_\_\_\_ Assessor's Parcel Map (project area highlighted)

\_\_\_\_\_ One (1) PDF copy of the Conformed Tentative Map

\_\_\_\_\_ \$100.00 Processing Fee (to be invoiced)

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Tentative Map No. \_\_\_\_\_ ZN \_\_\_\_\_ Ordinance No. \_\_\_\_\_ VAC \_\_\_\_\_ Other: \_\_\_\_\_