



Pershing County Planning and Building Department

398 Main Street
P.O. Box 1656
Lovelock, NV 89419
Phone: (775) 273-2700
Fax: (775) 273-3617
Email: jevans@pershingcounty.net
Website: www.pershingcounty.net

Parcel Map Application

Date Application Received: _____

Date Application Complete: _____

Applicant or Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Professional Consultant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Project Information

Property address or location: _____

Section, Township, Range: _____

Assessor's parcel number(s): _____

Regulatory Land Use District: _____

Overall acreage of property: _____

Number of proposed parcels: _____

Size of proposed parcels: _____

Provide a detailed description of the proposed project: _____

Explain how the current parcel was created, i.e. by parcel map, record of survey, deed, etc. Include references to map file numbers, document numbers, etc. Include any and all information necessary to provide a detailed history of the current parcel's creation.

Utility Information

How will drinking water be provided?

- | | | | |
|----------------------------------|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Well(s) | Public <input type="checkbox"/> | <input type="checkbox"/> Water system | Public <input type="checkbox"/> |
| | Private <input type="checkbox"/> | | Private <input type="checkbox"/> |

Name of system: _____

Additional Information: _____

How will sewage disposal be provided?

- | | | | |
|---|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Septic system(s) | Public <input type="checkbox"/> | <input type="checkbox"/> Sewer system | Public <input type="checkbox"/> |
| | Private <input type="checkbox"/> | | Private <input type="checkbox"/> |

Name of system: _____

Additional Information: _____

How will electricity be provided? _____

Location of nearest electric service: _____

Owner Affidavit

State of _____)

)

ss:

County of _____)

I, _____
being duly sworn, depose and say that I am an owner* of property involved in this petition and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of the Planning Department.

*Owner refers to the following: (Please check the appropriate box.)

- Owner
- Corporate Officer/Partner (Provide copy of record document indicating authority to sign).
- Power of Attorney (Provide copy of Power of Attorney).
- Owner Agent (Provide copy of record document indicating authority to sign).
- Letter from Government Agency with Stewardship

Signed

Address

Subscribed and sworn to before me
this ____ day of _____, _____.

(Notary Stamp)

Notary public in and for said county and state.

My commission expires: _____