



Pershing County Planning and Building Department

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Tentative Subdivision Map Application

For Office Use Only

Date Application Received: _____

Contact Information

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: _____

Professional Consultant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Property Information

Property address or location: _____

Legal Description (section, township, range): _____

Assessor's parcel number(s): _____

Regulatory Land Use District(s): _____

Floodplain Status (from FIRM maps): _____

Utilities and Services

Explain the method by which the following utilities and services will be provided, including names of providers.

Water: Centralized service
 Individual wells

Sewage Disposal: Centralized service
 Individual septic systems

Electricity:

Propane or Natural Gas:

Solid Waste Disposal:

Telephone:

Other Telecommunications (television, internet, etc):

Provide the name and approximate distance to the nearest:

Fire Station: _____

Police/Sheriff's Station: _____

Hospital/Health Care Facility: _____

Schools (high, middle and elementary): _____

Is this project adjacent to public lands? If so, how will access be provided? _____

Is this project located in an area which has an adopted community plan? If so, are there any applicable regulations of the community plan which require compliance? List these regulations and explain how the project is in compliance. _____

Will the project be completed in a single phase or are multiple phases planned? For projects with multiple phases, please provide the phasing plan. _____

Tentative Subdivision Map Fees

- A. County application fee: \$350. Make check payable to Pershing County.
- B. Nevada Division of Environmental Protection review: \$500 base fee plus \$3 per lot. Make check payable to the Nevada Division of Environmental Protection.
- C. Nevada Division of Water Resources review: \$150 base fee plus \$1 per lot. Make check payable to Nevada Division of Water Resources.
- D. County Engineer and County Surveyor Review Fees: Currently the county contracts with two private companies for engineering and surveying services. All costs for the review of a tentative subdivision map by the county engineer and county surveyor are the responsibility of the applicant. The cost of review is specific to each individual proposal. As a result, these fees cannot be calculated ahead of time. These fees are not due at the time of map submittal but will be billed to the applicant after the review is complete. Payment of these fees in full is required before the development proposal may move beyond the tentative phase.

Assurance of Applicant

I, _____, hereby state that the information provided in this application and in all materials submitted as a part of this tentative subdivision map proposal are in all respects complete, true and correct to the best of my knowledge and belief and are in compliance with all applicable local, state and federal regulations. I agree to comply with all applicable local, state, and federal regulations. I agree to be responsible for all costs incurred for the processing and review of this tentative subdivision map proposal as required on this page.

Signature of applicant

Date: _____

Applications must be completed in full, incomplete applications will not be accepted.

Owner Affidavit

State of _____)
County of _____) ss:

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 staff.

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

- Legal 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 an state.

My Commission expires: _____

Request to Reserve New Street Name(s)

Request Date: _____

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Requested Street Name(s)

(Please list alphabetically. No more than 16 letters in each name. Attach extra sheet if necessary.)

Project Information

Project Name: _____

Project Location: _____

Parcel number(s) of property involved: _____

Project Type: Subdivision Parcel Map Naming of private street

Please include maps or supplemental information as necessary to show the location of the streets for which the name request has been made.

Street name reservations are valid for one year, after which they expire unless the applicant submits a written request for an extension to the Planning Department prior to the expiration date.

Applicant is responsible for all sign costs.