



DEPARTMENT OF PUBLIC WORKS

**Boundary Line Adjustment Map Review
Submittal Application**

Date: _____

I, _____, as agent for _____ hereby
submit application for **BOUNDARY LINE ADJUSTMENT MAP REVIEW** on Assessor's Parcel Number(s) _____

Surveyor's Name: _____ Contact Person: _____

Address: _____

Email: _____ Phone: _____

Owner's Name: _____

Address: _____

Email: _____ Phone: _____

Required at Submittal:

	Four Paper Prints of Boundary Line Adjustment Map (folded)		Copy of current title report and recorded easement documents
	\$300.00 Plan Check Fee		Copy of current recorded deed

Required at Recording:

	One original signed mylar map is required for the City. An additional mylar map may be submitted if a copy is desired for the surveyor's files.		Recording fees payable to Clark County Recorder
	Subdivision Guarantee		Beneficiary Statement (if applicable)

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