



DEPARTMENT OF PUBLIC WORKS

Conforming Tentative Map Review Submittal Application

City of North Las Vegas Use Only - 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)

_____ Three (3) Copies of the Conformed Tentative Map (Folded, Stamped & Signed by Civil Engineer)

_____ \$100.00 Processing Fee

Tentative Map No. _____ ZN _____ Ordinance No. _____ VAC _____ Other: _____