



# DEPARTMENT OF PUBLIC WORKS

## Request for Amended Plat Map Review

Date: \_\_\_\_\_

I, \_\_\_\_\_, as agent for \_\_\_\_\_ hereby  
submit application for **AMENDED PLAT MAP REVIEW** on Assessor's Parcel Number(s) \_\_\_\_\_

Surveyor's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Required at Submittal:

	Five Paper Prints of Amended Plat Map (folded)		Copy of current title report and recorded easement documents
	<b>\$500.00</b> Plan Check Fee		Copy of current recorded deed

### Required at Recording:

	Original signed map		Two (2) reproducible mylar copies
	Subdivision Guarantee		Beneficiary Statement (if applicable)
	Recording fees payable to <b>Clark County Recorder</b>		

### - Public Works Department Real Property Service Use Only -

Date Accepted: \_\_\_\_\_

Received by: \_\_\_\_\_

Check No: \_\_\_\_\_

Fee Receipt No: \_\_\_\_\_

Hansen No: \_\_\_\_\_