DEPARTMENT OF PUBLIC WORKS



Request for Reversionary Map Review

Surveyor's Name:	Date:	
Surveyor's Name:	I,, as agent for	hereby
Address:	submit application for REVERSIONARY MAP REVIEW on Assessor's Parcel Number(s)	
Address:		
Address:		
Address:		
Phone:	Surveyor's Name:	Contact Person:
Owner's Name:	Address:	
Address: Phone: FAX: Required at Submittal: Five Paper Prints of Reversionary Map (folded) Copy of current title report and recorded easement documents \$400.00 Plan Check Fee Copy of current recorded deed Required at Recording:	Phone:	FAX:
Phone:FAX:	Owner's Name:	
Required at Submittal: Five Paper Prints of Reversionary Map (folded) Copy of current title report and recorded easement documents \$400.00 Plan Check Fee Copy of current recorded deed Required at Recording:	Address:	
Required at Submittal: Five Paper Prints of Reversionary Map (folded) Copy of current title report and recorded easement documents \$400.00 Plan Check Fee Copy of current recorded deed	Phone:	FAX:
Required at Recording:		
	\$400.00 Plan Check Fee	Copy of current recorded deed
Original signed map Two (2) reproducible mylar copies	Required at Recording:	
	Original signed map	Two (2) reproducible mylar copies
Blueline copy (reversionary parcel map only) Subdivision Guarantee	Blueline copy (reversionary parcel map only)	Subdivision Guarantee
Beneficiary Statement (if applicable) Recording fees payable to Clark County Recorder	Beneficiary Statement (if applicable)	Recording fees payable to Clark County Recorder
	- Public Works Department Re	eal Property Service Use Only -
- Public Works Department Real Property Service Use Only -	Date Accepted::	Received by:
Date Accepted:: Received by:	Check No: Hansen No:	Fee Receipt No: