



DEPARTMENT OF PUBLIC WORKS

Parcel Map Review Submittal Application

Date: _____

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

Surveyor's Name: _____ Contact Person: _____

Address: _____

Email: _____ Phone: _____

Engineering Firm: _____ Contact Person: _____

Address: _____

Email: _____ Phone: _____

Owner's Name: _____

Address: _____

Email: _____ Phone: _____

Required at Submittal:

	One (1) PDF copy of Parcel Map		PDF copy of current title report and recorded easement documents
	\$300.00 Plan Check Fee (to be invoiced)		PDF Copy of current recorded deed

Potential Conditions: *(Determined by City Ordinance; Owner notified with correction letter)*

	Civil Improvement Plans / Surety-Bond		Drainage Study
	Geotechnical Report		Traffic Study

- Public Works Department Use Only -

Date Accepted:: _____

Received by: _____

Check No: _____

Fee Receipt No: _____

CNLV Project #: _____