

Certificate of Amendment Application Form

Proje	ct Name					
Proje	ct Location					
	ssor's Parcel Number(s)					
	of this Request					
Relat	ed Applications					
Applicant	NameCompany					
	Address City					
	NameCompany					
erson	AddressCity					
Contact Person	State Zip Code Phone () E-mail Fax () Alternate Phone () The person listed as contact will be contacted to attend staff reviews, answer questions regarding this application, provide additional information when necessary, and will recieve a copy of the staff report prior to the Planning Commission meeting.					
Appli	cant Signature Print Name					

Foi	For Office Use Only								
CCOA#									
Accepted	Accepted by								
Date									

Checklist

- □ Original Signed Application
 □ Copy of the Signed Application
 □ Original (8 ½" x 11") Certificate of Amendment
 □ Copy (8 ½" x 11") Certificate of Amendment
 - ☐ Written explanation outlining reasons for the Certificate of Amendment

■ Justification Letter

A hard copy of the Certificate of Amendment will be requested for signing when all reviews are complete.

Submittal Process

NOTE: Completed applications must be submitted electronically through DSC Online at dsconline.cityofhenderson.com.

Please email DSCOnlineSupport@
cityofhenderson.com if you have any questions about using DSC Online.

Certificate of Amendment



Application Form

Community Development and Services

240 Water St.
P. O. Box 95050
Henderson, NV
89009-5050

Phone: 702-267-1500 Fax: 702-267-1501

cityofhenderson.com