

HENDERSON

REVOCA

BLE PERMIT & COVENANT

Application Form

Project Name

Assessor 's Parcel Number(s)

Related Applications (ex. PCVL)

Full Description of Work (ex. rock, mulch, shrubs, irrigation sleeves, etc.)

APPLICANT	Name			Company		
	Email			Address		
	City	State	ZIP	Phone ()	Fax ()	
CONTACT PERSON	Name			Company		
	Email			Address		
	City	State	ZIP	Phone ()	Fax ()	
	Alternate Phone ()					
RESPONSIBLE PARTY	Name of Property Owner or Developer (Permittee)					
	Title			Address		
	City	State	ZIP	Phone ()		
OWNERSHIP DISCLOSURE	Please list all individuals and entities with an ownership interest in the Applicant and the Owners. Said list should include, without limitation, homeowner's association, joint venture, trust, company or corporation or any and all general partners, corporate officers, and managers or limited liability companies with an interest in the Applicant and the Owner.					
	NAME		RELATIONSHIP		% OF OWNERSHIP	

By signing this document, I acknowledge that to the best of my knowledge the above list includes the names of all owners, officers, general partners, managers of limited liability companies, and all other ownership interests in the Applicant. Change of ownership after application submittal will delay processing. If ownership changes after application submittal, a new application package will be required.

Applicant's Signature

Print Name

CHECKLIST

The application cannot be accepted until the filing requirements below have been met.

1.

☐ Drawing (8 1/2" x 11"), with a vicinity map showing an accurate representation of the proposed area, with affected area hatched or shaded and any irrigation sleeves clearly identified. Exhibit must meet Clark County Recorder's standards and requirements.
Refer to: www.clarkcountynv.gov/government/elected_officials/county_recorder/recordation_process.php
2.

☐ Signature Authorization Documentation (Secretary of State Filing or similar)

Please submit all checklist items to **SROW@cityofhenderson.com**