

## **ADDRESSING Application**

Project Name				
Project Location				
Assesor	's Parcel Number(s)_			
	•			
(Comme	ercial) CPLN#			
(Irrigatio	on meters, pedestals	s, street lights, signs)	PCVL#	
APPLICANT	Name			Email
	Address			
	City	State	ZIP	Phone ()
CONTACT				Email
				Office Phone ()
				Cell Phone ()
Applicant's Signature				Print Name
CHECKLIST The application cannot be accepted until the filing requirements below have been met.				
For Recorded Subdivision Map  ☐ Signed application				For All Other Addressing  Signed application
□ 1 copy of recorded map				☐ 1 copy of site plan showing the location of the address request☐ 1 copy of any other documents related to the address request☐
<ul> <li>1 copy of list of approved street names from City of Las</li> <li>Vegas Fire Communications Center</li> </ul>			City of Las	
	mmercial Addressined application	ng		

Completed applications and all checklist items 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.

 $\square$  1 copy of site plan