

Project Name _____

Project Location _____

Assessor's Parcel Number(s) _____

CMAP# _____

Intent of this request _____

Related Applications _____

APPLICANT	Name _____	Email _____
	Address _____	
	City _____ State _____ ZIP _____	Phone (____) _____
CONTACT PERSON	Name _____	Email _____
	Address _____ Office Phone (____) _____	
	City _____ State _____ ZIP _____	Cell Phone (____) _____

Applicant Signature _____

Print Name _____

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

- | | |
|---|---|
| <input type="checkbox"/> Original Signed Application | <input type="checkbox"/> Justification Letter |
| <input type="checkbox"/> Original (8 ½" x 11") Certificate of Amendment | <input type="checkbox"/> Written explanation outlining reasons for the Certificate of Amendment |

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

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.