

Appeal Application



Lincoln County Planning Department
181 Main Street P.O. Box 329
Pioche, Nevada 89043
Phone: (775) 962-8071
Fax: (775) 962-5877

APPLICANT INFORMATION:

Applicant(s) Name: _____ Phone: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Cell Phone: _____

E-Mail Address: _____ Alt Phone: _____

Owner (s) Name: _____

Signature of Owner (s): _____ Date: _____

Treasurer Signature: _____ Date: _____

PROPERTY INFORMATION:

Parcel(s) APN: _____

Location of parcel(s): _____

Current Zoning: _____

Master Plan Designation: _____

Planning Overlays: _____ FEMA: _____

APPEAL INFORMATION:

Type of Appeal: PC Decision Conditions Adjacent owner BCC Admin

Code Section of Appeal: _____

File Number of original application: _____

SITE VISITATION: Signature on this Application provides permission for site visitation by County representatives to review your request. It must be signed by the owner of the property and attested to in the affidavit of ownership and verified by the assessor's office.

Receipt # _____

AMOUNT PAID \$ _____

Appeal Application

REQUIRED DOCUMENTATION WORKSHEET

FEES: See county fee schedule

Required Information

Where Do I Find It?

Parcel Number(s)

Assessor's Office

Copy of Assessor's plat for your parcel

Assessor's Office

Owner's Affidavit (page 3 of this application)

Complete and notarize

Statement of purpose describing reasons for appeal: Supporting documents, pictures, maps, letter describing or showing why you re making this request.

Note: Appeal fees will not be returned regardless of final decision. For appeals that are withdrawn prior to public notification, a portion of fees may be returned to applicant after costs to date have been paid.

All Documentation must be in the Planning Office 3 weeks before the next scheduled Planning Commission Meeting, please review the planning deadline calendar in the Planning Commission Office or on county website.

Incomplete applications will be held until completed by applicant and will be scheduled for the next available meeting after submission fees are paid.

Applicant or authorized representative must attend the Planning Commission meeting for approval of application.

Receipt # _____

AMOUNT PAID \$ _____

Appeal Application



OWNER'S AFFIDAVIT

State of Nevada)
County of Lincoln) ss

I, _____

Being Duly Sworn, depose and say that I am an owner of the property involved in this

Planning Application _____ and having been authorized by the other property owners (*if applicable*) that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

SIGNED: _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____

Subscribed and sworn before me this _____ day _____ 20__

Notary Public in and for said County and State

My commission expires _____

Receipt # _____

AMOUNT PAID \$ _____