

Special Use Permit Review 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: _____ Date Completed: _____

PROPERTY INFORMATION:

Parcel(s) APN: _____

Location of parcel: _____

Total Acreage of Project: _____ Applicable code section: _____

Current Zoning: _____ Master Plan Designation: _____

Site Address: _____ Address verified? Yes / No

Water provider: _____ Fire District: _____

Power: _____ Communications: _____

Planning Overlays: _____ FEMA: _____

Include any and all documentation of the progress you have made towards the original purpose of your special use permit.

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.

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OWNER'S AFFIDAVIT

State of Nevada)) ss
County of Lincoln)

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: _____

Mailing Address: _____

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 _____