

**REVIEW REQUEST APPLICATION
 RECORD OF SURVEY / BOUNDARY LINE ADJUSTMENT
 N.R.S. 278.5692, 278.5693 & 625.340**

Elko County Planning, Zoning, Building & Safety Division
 155 South 9th Street, Elko, NV 89801
 (775) 738-6816 or 738-2266

FOR PLANNING STAFF USE ONLY		
Planning, Zoning, Building & Safety File #:		
REQUIREMENTS CHECK LIST	YES	NO
1 COPY OF PROPOSED RECORD OF SURVEY MAP WITH PROPOSED & EXISTING BOUNDARY		
SURVEYORS CERTIFICATE SIGNED, DATED & STAMPED		
OWNERS CERTIFICATE SIGNED & NOTARIZED		
COUNTY TREASURER & ASSESSOR SIGNED & DATED		
UTILITY COMPANY OR NDOT SIGNED & DATED (if applicable)		
COUNTY SURVEYOR JURAT		
OWNERS / AGENT AFFIDAVIT SIGN & NOTARIZED		
WRITTEN RESPONSE FROM COMMITTEE OF ARCHITECTURE (if applicable)		
DATE ACCEPTED & STAFF INITIAL:		

**A FEE OF \$250.00 MUST ACCOMPANY THIS REVIEW REQUEST, THIS FEE IS NON-REFUNDABLE
 Minimum of 5 Calendar Days for Map Check**

APPLICANT(S) Name: _____
 (ROS for)

Address: _____

Phone: () _____

SURVEYOR Name: _____
 (Contact)

Address: _____

Phone: () _____

ASSESSOR'S PARCEL No(s): _____

ALIQUOT PART, SECTION, TOWNSHIP & RANGE: _____

OWNER'S / AGENTS AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

I / we, _____ being duly sworn, depose

PLEASE PRINT NAME(S) INDICATE IF AGENT

and state that I am the owner of the property herein described in the application, and that I / we consent to the filing of this petition.

Signed: _____

Mailing Address: _____

Telephone Number: (____) _____

On this _____ day of _____, 20____, before me personally appeared

_____, whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

Notary Public in and for said County and State

OFFICE STAFF USE ONLY

ELKO COUNTY STAFF NAME _____

FEE PAID BY _____ CASH, _____ CHECK, CHECK NO. _____

AMOUNT PAID \$ _____ RECEIPT # _____ DATE: _____

APPROVED & SIGNED BY: _____ DATE: _____