



CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue * Elko * Nevada * 89801

(775) 777-7160 * (775) 777-7219 fax

APPLICATION FOR REVERSION TO ACREAGE

APPLICANT(s): _____
MAILING ADDRESS: _____
PHONE NO (Home) _____ **(Business)** _____
NAME OF PROPERTY OWNER (If different): _____
(Property owner's consent in writing must be provided.)
MAILING ADDRESS: _____
LEGAL DESCRIPTION AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):
ASSESSOR'S PARCEL NO.: _____
Address _____
Lot(s), Block(s), & Subdivision _____

Or Parcel(s) & File No. _____

APPLICANT'S REPRESENTATIVE OR ENGINEER: _____

FILING REQUIREMENTS:

Complete Application Form: In order to begin processing the application, an application form must be complete and signed. A complete application must include the following:

1. One .pdf of the entire application, and one (1) copy of a 24" x 36" sized Map of Reversion provided by a properly licensed surveyor as well as one (1) set of reproducible plans 8 1/2" x 11" in size of the site drawn to scale showing the property prepared in accordance with Section 3-3-75 of the Elko City Code.
2. If the property is improved, a plot plan depicting the existing conditions drawn to scale showing proposed property lines, existing buildings, building setbacks, parking and loading areas and any other pertinent information.
3. Copies of all recorded parcel maps or subdivision maps associated with the Map of Reversion.

Fee: \$300.00 non-refundable filing fee

Other Information: The applicant is encouraged to submit other information and documentation to support the request.

If the map includes the reversion of any street or easement owned by the City, Vacation provisions of NRS 279.480 must be followed prior to the approval of the Map of Reversion.

DESCRIPTION, PURPOSE OR OBJECTIVE OF THE REVERSION: _____

(Use additional pages if necessary)

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By My Signature below:

I consent to having the City of Elko Staff enter on my property for the sole purpose of inspection of said property as part of this application process.

I object to having the City of Elko Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Planning Commission or the City Council.)

I acknowledge that submission of this application does not imply approval of this request by the City Planning Department, the City Planning Commission and the City Council, nor does it in and of itself guarantee issuance of any other required permits and/or licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent is not present at the meeting for which this application is scheduled.

I acknowledge that, if approved, I must provide an AutoCAD file containing the final lot layout on NAD 83 NV East Zone Coordinate System to the City Engineering Department when requesting final map signatures for recording.

I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant / Agent _____
(Please print or type)

Mailing Address _____
Street Address or P.O. Box

City, State, Zip Code

Phone Number: _____

Email address: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

File No.: _____ **Date Filed:** _____ **Fee Paid:** _____