MASTER PLAN AMENDMENT APPLICATION
CITY OF YERINGTON
227 S. MAIN STREET
YERINGTON NV 89447 (775) 463-2729

Owner: _____ Applicant: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

LEGAL DESCRIPTION OF PROPERTY

Assessor's Parcel Number: _____

If within a Subdivision, Name: _____ Lot: _____ Block: _____

Square Feet of Property: _____ Deed Restriction: Yes ____ No ____
(If Yes, Copy attached)

Street Address of Property: _____

REQUIRED ITEMS FOR APPLICATION

1. Plot Plan: Drawn to scale showing property size, locations of existing buildings and proposed buildings, abutting streets and alleys, driveways and property ownerships within 300 feet of the exterior boundaries of the subject property.
2. List Containing Names and Addresses of Property Owners within 300 Feet: List must contain the names and addresses of owners of property within 300 feet of the exterior limits of the subject property. (City staff will procure this list.)
3. Property Tax: Showing taxes are paid current on subject property.
4. Application Fee: The fee shall be $700.00 for any one lot or parcel included within said application; Non-refundable.

OWNER'S CERTIFICATE

As provided in the Yerington City Code, Title 10, Chapter 11, undersigned Applicant/Owner of the above legally described property now classed in the Master Plan as _____, requests consideration to amend the Master Plan to _____, as per the plot plan attached hereto and made a part of hereof. Said property was acquired by Applicant on _____.

I, _____, Owner in fee of the described property, state that this Application for a Change of Land has been made with my full knowledge and consent and the facts stated above are true to the best of my knowledge.

_____
Signature of Owner

State of _____)
County of _____)

On the _____ day of _____, 20__ personally appeared before me

_____, a Notary Public,

_____ who acknowledged that he executed the

above instrument.

_____
Notary Public

APPLICANT'S CERTIFICATE

All the facts as stated herein are correct to the best of my knowledge and belief.

_____
Signature of Applicant

State of _____
County of _____

On the _____ day of _____, 20__ personally appeared before me

_____, a Notary Public,

_____ who acknowledged that he executed the

above instrument.

_____
Notary Public

PLOT PLAN DRAWN TO SCALE: Another map may be submitted for the plot plan, i.e. Assessor's Plat Map, but must be approved at the submittal of the application. Indicate northerly direction on map.

AFFIDAVIT

PROPERTY TAX:

I, _____, hereby certify that all required property taxes are currently paid on Assessor's Parcel Number(s):

- _____
- _____
- _____
- _____
- _____
- _____

[ ] Per Computer [ ] Per Telephone Call

Dated this _____ day of _____, 20_____.

_____

Deputy City Clerk