

**Mineral County Regional Planning Commission
Land Use Application**

Please print in black ink.

Please check type of application(s) for which you are applying.

☐ Land Division ☐ Zone Change ☐ Variance
☐ Special Use ☐ Subdivision ☐ Other (specify) _____

PROJECT DESCRIPTION: _____

APPLICANT INFORMATION:

Applicant Name _____	Applicant Name _____
Contact Phone: _____ Fax: _____	Contact Phone: _____ Fax: _____
Mailing Address: _____	Mailing Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
E-Mail: _____	E-Mail: _____

Property Owner's Full Name: _____	Property Owner's Full Name: _____
Property Owner's Phone: _____	Property Owner's Phone: _____
Property Owner's Fax: _____	Property Owner's Fax: _____
Property Owner's Mailing Address: _____	Property Owner's Mailing Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Property Owner's E-Mail: _____	Property Owner's E-Mail: _____

Name of Representative (if applicable): _____
Representative's Phone: _____ Fax: _____ E-Mail: _____
Representative's Address: _____

PROPERTY INFORMATION:

Parcel(s) APN: _____
Location of Parcel(s): _____
Site Address(es): _____
Acreage(s) _____
Water Source: _____ Sewage Disposal: _____ Power: _____

Site Visitation: Signature on this Application provides permission for site visitation by Mineral 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 Mineral County Assessor's Office.

Mineral County Assessor's Office Verification: _____ **Date:** _____

PROPERTY OWNER'S AFFIDAVIT:

"By my/our signature(s), I/We _____

_____ hereby state that I/We am/are the legal owner(s) of record of the property in this application and that all data, information, plans and evidence submitted as part of this application is true and correct to the best of my knowledge."

If there is more than one owner of the property, all owners must provide their names, addresses and signatures.

Owner Printed Name: _____

Signature: _____ Date: _____

Address: _____

Mailing Address: _____

Owner Printed Name: _____

Signature: _____ Date: _____

Address: _____

STATE OF NEVADA)

County of _____ : SS

Mineral)

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

_____ known to me to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.

Signature of Notary Public

Printed Name of Notary Public

Notary Public for State of Nevada

My Commission expires: _____

Mineral County Planning Commission Conditional Use Permit Applicant Requirements

Check off List to be initialed by a Mineral County Representative

Applicant's

Name _____

___ Complete the Application cover Sheet including the accurate legal description of the parcel

___ Complete the property owners Affidavit

___ Obtain a list of the property owners including the last known mailing address of all property owners within a 300 ft. Radius of the parcel on the application (Obtain from the Assessor's Office)

___ Supply a detailed statement as to the need for the Conditional use Permit and justification for the request

___ Obtain a Tax letter from the Mineral County Clerk/ Treasure's Office

___ Documentation of filing fees paid to the Clerk/ Treasure's Office

___ A plot plan showing location of RV on the lot along with location of water and sewer/ septic connections.

___ Copies of permits obtained from Building Department for setup, power, water, sewer, ect.

Bare lots with septic tanks will need proof of permit or certification of septic system and components

Mineral County Conditional Use/ Special Use Permit Application Fee Schedule

Application Fee_____ \$150.00

Advertising Fee_____ \$ 75.00

Mailing Fee- per required letter_____ \$ 1.00