CITY OF SPARKS

CERTIFICATE OF MAP AMENDMENT

FEE: $84.00

DATE:_____

PROJECT NAME:_____

PROJECT DESCRIPTION:_____

LEGAL DESCRIPTION:_____

_____

(CIRCLE NUMBER INDICATING RESPONSIBLE PARTY)

1. **PROPERTY OWNER**
   NAME:_____
   ADDRESS:_____
   _____
   PHONE:_____
   EMAIL: _____

2. **APPLICANT/DEVELOPER**
   NAME:_____
   ADDRESS:_____
   _____
   PHONE:_____
   EMAIL: _____

3. **PERSON/FIRM PREPARING PLANS**
   NAME:_____
   ADDRESS:_____
   _____
   PHONE:_____
   EMAIL: _____

Assessor's Parcel #:_____

Property Size:_____ **Ac.**_____

Existing Zoning:_____

Master Plan Use:_____

Existing Use:_____

_____

SUBMITTAL:

- ☐ FEE: $84.00
- ☐ 2 COPIES OF APPLICATION
- ☐ 1 ORIGINAL EXECUTED CERTIFICATE OF MAP AMENDMENT
- ☐ 1 COPY EXECUTED CERTIFICATE OF MAP AMENDMENT

FULL EXPLANATION AND REASON FOR THIS CERTIFICATE OF AMENDMENT:_____

_____

_____

ATTACH ADDITIONAL PAGES AS NECESSARY

NOTE:** **ALL INFORMATION ON THIS SHEET MUST BE COMPLETED OR THE APPLICATION WILL BE CONSIDERED INVALID.