CITY OF SPARKS

REVERSION TO ACREAGE APPLICATION

FEE: $840.00

DATE:_____

PROJECT NAME:_____

PROJECT DESCRIPTION:_____

PROJECT ADDRESS:_____

LEGAL DESCRIPTION:_____

SUBDIVISION:_____ **PARCEL MAP:**_____

(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: $840.00
- ☐ 1 OWNER / APPLICANT AFFIDAVIT
- ☐ 3 COPIES OF APPLICATION
- ☐ 3 PRINTS OF MAP
- ☐ 1 REDUCED COPY (8 ½" X 11")
- ☐ 1 TITLE REPORT (CURRENT WITHIN 90 DAYS)

FULL EXPLANATION AND REASON FOR THIS REVERSION TO ACREAGE:_____

_____

_____

ATTACH ADDITIONAL PAGES AS NECESSARY

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