

APPLICATION FOR COMPREHENSIVE PLAN AMENDMENT



CLARK COUNTY

1. Applicant:	Address:	City, State, Zip Code	Phone:
2. Representative/Attorney:	Address:	City, State, Zip Code	Phone:
3. Request for Amendment of: <input type="checkbox"/> Land Use Map <input type="checkbox"/> Comprehensive Plan Text	4. Map Amendments: From: To: Provide a complete and accurate description of the area for which the amendment is requested. Submission of a map of the proposed amendment is required.		
5. TEXT AMENDMENTS: Enter the complete text of the proposed amendment in the space to the right.	Additional sheets may be attached as needed.		
6. Additional materials may be filed to document and support your application in the space to the right.	Additional sheets may be attached as needed.		
7. Signature:	This signature acknowledges that all information on this application and the attached plans is true and correct. _____ Date		
FOR OFFICIAL USE ONLY			
Application Accepted by:		Date:	Application Fee Received:
Notice Published:	Notice to Owners:	Hearing:	Notice of Decision:
Commission Action Motion By: _____ Seconded By: _____ Vote: _____ Signature Date		Amendment Recommended: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Council/BOCC Action Motion By: _____ Seconded By: _____ Vote: _____ Signature Date		Amendment: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	