

ZONING VERIFICATION REQUEST



Application Checklist

- Original completed application
- Fee

*****To request a Zoning Verification, please complete and submit this form with the requested information. The Zoning Verification Request DOES NOT include building permits, Certificates of Occupancy or Certificates of Compliance or availability of utilities.***

For information on building permits, Certificates of Occupancy, or Certificates of Compliance please contact the Nye County Building Department at 775-751-3773.

Utility accessibility questions can be answered by the individual utility companies that provide service in the area.

Application Fee: \$20.00

Limit of five (5) properties per request.

Department of Planning
250 N. Hwy. 160, Ste. 1
Pahrump, NV 89060
Phone: 775-751-4249
Fax: 775-751-4324
Website: www.nyecounty.net



ZONING VERIFICATION REQUEST

Please provide the Assessor's Parcel Number and/or the Property Address.
(The shaded area is for Staff Use Only.)

1) Assessor's Parcel Number: _____ Property Address: _____

Zoning District: _____	Master Plan Category: _____	Flood Zone: _____	Panel #: 32023C _____
Existing or active Code Compliance: _____			

2) Assessor's Parcel Number: _____ Property Address: _____

Zoning District: _____	Master Plan Category: _____	Flood Zone: _____	Panel #: 32023C _____
Existing or active Code Compliance: _____			

3) Assessor's Parcel Number: _____ Property Address: _____

Zoning District: _____	Master Plan Category: _____	Flood Zone: _____	Panel #: 32023C _____
Existing or active Code Compliance: _____			

4) Assessor's Parcel Number: _____ Property Address: _____

Zoning District: _____	Master Plan Category: _____	Flood Zone: _____	Panel #: 32023C _____
Existing or active Code Compliance: _____			

5) Assessor's Parcel Number: _____ Property Address: _____

Zoning District: _____	Master Plan Category: _____	Flood Zone: _____	Panel #: 32023C _____
Existing or active Code Compliance: _____			

Agent/Applicant	Name _____	Company _____
	Address _____	City _____
	State _____ Zip Code _____	Phone _____ Email _____

For Office Use Only

Date Filed:	Application Number:	Received By:
Processed By:	Receipt #:	
STAFF NOTES:		