

FAMILY CEMETERY MAP APPLICATION (NCC 8.38 & Document Submittal Guidelines)



***** This application will not be taken over the counter. Please call (775) 751-4249 to schedule an appointment *****

Application Checklist

- Original signed application
- Fees (Application, Surveyor & State Agency Fees as applicable)
- Copy of Deed
- Justification Letter
 - Explain intent of map.
- Map (Two (2) legible 24" x 36" copies – folded) *
See Document Submittal Guidelines for requirements
- One set of Surveyor Closure Calculations
- PDF & AutoCAD File of map boundary on CD or thumb drive.

**Refer to Nye County Code Title 8.38 – Family Cemeteries for requirements.*

**Refer to NRS 451.067 - Designation of family cemetery; notification of Division of Public and Behavioral Health of designation.*

*** An Original Mylar will be requested by the Planning Department when the map has been approved and ready to be routed for signatures.*

Application Fees: \$100.00

Surveyor Fee

\$450.00 + \$100.00 per additional page

Mylar Submittal

- Recording Fee (Check made payable to Nye County Recorder)
- Proof of ALL taxes paid for Fiscal Year
- Title Report – One (1) copy
- Map - One (1) legible 24" x 36" print

Please include the following documents with the Mylar submittal:

- a. All redline comments with attachments
- b. One original Mylar signed by the owner, notary, surveyor and all utilities. (All signatures must be in permanent Black Ink; All names must be printed below the signature line.)
- c. One (1) set of Surveyor Closure Calculations
- d. AutoCAD File of map boundary on CD or thumb drive.

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



Family Cemetery Map

Inside the Pahrump Regional Planning District Outside the Pahrump Regional Planning District

Project Name: _____

Project Location: _____

Assessor's Parcel Number(s): _____

Gross Acreage: _____ Net Acreage: _____ Zoning: _____ Master Plan: _____

Intent of this request: _____

Property Owner	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone _____ Email _____
Surveyor / Project	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone _____ Email _____
	License No _____ Expiration Date _____

(I, We), the undersigned swear and say that (I am, We are) the owner(s) of record on the tax rolls of the property involved in this application to initiate under Nye County Code; that the information on the plans and drawings attached hereto, and all of the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application must be complete and accurate before a hearing can be conducted. (I, We) also authorize the Nye County Planning Department and its designee to enter the premises of the property subject to this application for the purposes of gathering information for the purpose of advising the public of the proposed application. (I, We), the undersigned also understand that provisions will be made to ensure the payment of the tax imposed by NRS 375, also for the compliance with the disclosure and recording requirements of NRS 598.0923 § 5.

Property Owner / Agent Signature

Print Name

For Office Use Only

Date Filed:	Application Number:	Received By
Processed By:	Related Case Numbers:	BOCC Meeting Date:
Receipt#:		
STAFF NOTES:		