



## CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue \* Elko \* Nevada \* 89801

(775) 777-7160 phone \* (775) 777-7219 fax

# APPLICATION FOR BOUNDARY LINE ADJUSTMENT

### PROPERTY OWNERS:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

### LEGAL DESCRIPTION AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):

ASSESSOR'S PARCEL NO.: \_\_\_\_\_

Address \_\_\_\_\_

Lot(s), Block(s), & Subdivision \_\_\_\_\_

Or Parcel(s) & File No. \_\_\_\_\_

APPLICANT'S REPRESENTATIVE OR ENGINEER: \_\_\_\_\_

### FILING REQUIREMENTS:

**Complete Application Form:** In order to begin processing the application, an application form must be complete and signed. A complete application must include the following:

1. One .pdf of the entire application, and one (1) copy of a 24" x 36" sized boundary line adjustment map provided by a properly licensed surveyor as well as one (1) set of reproducible plans 8 ½" x 11" in size of the site drawn to scale showing proposed adjustments prepared in accordance with **NRS 278.5693** along with any supporting data to include:
  - a. Name, address and telephone number of the person who prepared the map.
  - b. Proposed use of each parcel.
  - c. A certificate of execution (signature block) for the Elko City Planning Commission or duly authorized representative.
  - d. Source of water supply and proposed method of sewage disposal for each parcel.
  - e. A copy of all survey computations
  - f. A vicinity map.
  - g. A copy of all deeds required to make the changes shown on the map.
2. If the property is improved, a plot plan depicting the existing conditions drawn to scale showing proposed property lines, existing buildings, building setbacks, parking and loading areas and any other pertinent information.

**Fee:** A \$200.00 non-refundable filing fee

**Other Information:** The applicant is encouraged to submit other information and documentation to support this Boundary Line Adjustment application.

1. Identify the existing zoning of each property: \_\_\_\_\_

\_\_\_\_\_

2. Explain in detail the type and nature of the use proposed on each parcel. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Explain the source of water supply and proposed method of sewerage disposal for each parcel, and describe if any water or sewer lines will cross boundary lines as a result of the adjustment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This area intentionally left blank**

**By My Signature below:**

I consent to having the City of Elko Staff enter on my property for the sole purpose of inspection of said property as part of this application process.

I object to having the City of Elko Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Planning Commission or the City Council.)

I acknowledge that submission of this application does not imply approval of this request by the City Planning Department, the City Planning Commission and the City Council, nor does it in and of itself guarantee issuance of any other required permits and/or licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent is not present at the meeting for which this application is scheduled.

I acknowledge that, if approved, I must provide an AutoCAD file containing the final lot layout on NAD 83 NV East Zone Coordinate System to the City Engineering Department when requesting final map signatures for recording.

I have carefully read and completed all questions contained within this application to the best of my ability.

**Applicant / Agent** \_\_\_\_\_  
(Please print or type)

**Mailing Address** \_\_\_\_\_  
Street Address or P.O. Box  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**File No.:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_

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