



Pershing County Planning and Building Department

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Website: www.pershingcounty.net

Boundary Line Adjustment Application

Applicant or Representative: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Professional Consultant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email _____

Project Information

Property Location: _____

Legal description of property (section, township, range): _____

Assessor's parcel number(s): _____

Regulatory Land Use District: _____

Size of the current parcels: _____

Size of proposed parcels: _____

Provide a detailed description of the proposed project: _____

How will legal access be provided to the proposed parcels? _____

Owner Affidavit

State of _____)

)

ss:

County of _____)

I, _____
being duly sworn, depose and say that I am an owner* of property involved in this petition and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of the Planning Department.

*Owner refers to the following: (Please check the appropriate box.)

- Owner
- Corporate Officer/Partner (Provide copy of record document indicating authority to sign).
- Power of Attorney (Provide copy of Power of Attorney).
- Owner Agent (Provide copy of record document indicating authority to sign).
- Letter from Government Agency with Stewardship

Signed

Address

Subscribed and sworn to before me
this _____ day of _____, _____.

(Notary Stamp)

Notary public in and for said county and state.

My commission expires: _____