



# Pershing County Planning and Building Department

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## Special Use Permit 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 \_\_\_\_\_

### Property Information

Property address or location: \_\_\_\_\_

\_\_\_\_\_

Legal description of property (section, township, range): \_\_\_\_\_

\_\_\_\_\_

Assessor's parcel number(s): \_\_\_\_\_

Regulatory Land Use District: \_\_\_\_\_

Total area of property (acres or square feet): \_\_\_\_\_

**Project Information**

Provide a detailed description of the proposed project: \_\_\_\_\_

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Provide a time schedule for completion of the proposed project: \_\_\_\_\_

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Describe the existing use of the property: \_\_\_\_\_

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Describe the land uses of surrounding properties: \_\_\_\_\_

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Describe the effect the project will have on surrounding properties: \_\_\_\_\_

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List any state, federal, or other public agencies' approvals or permits required for the proposed project: \_\_\_\_\_

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**Infrastructure and Services**

Describe how water will be provided: \_\_\_\_\_

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Describe how sewage disposal will be provided: \_\_\_\_\_

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Describe how electricity will be provided: \_\_\_\_\_

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Describe how other necessary infrastructure and services will be provided (i.e. solid waste disposal, telephone service, etc.): \_\_\_\_\_

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Describe the condition of existing roads which provide access to the project location: \_\_\_\_\_

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Describe the effect the proposed project will have on existing road and traffic conditions: \_\_\_\_\_

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Describe any new roads that will be built: \_\_\_\_\_

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**Applications must be entirely filled out and have all required attachments. Applications will not be processed until all information necessary to review and decide upon the application has been determined complete by the Planning Director.**

**Owner Affidavit**

State of \_\_\_\_\_ )

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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 public in and for said county and state.

(Notary Stamp)

My commission expires: \_\_\_\_\_