CLARK COUNTY TOWN ADVISORY BOARD/CITIZEN ADVISORY COUNCIL RECOMMENDATION

Application Number:	PC/BCC Meeting Date:			
Commission District:				
TAB/CAC:		TAB/CAC Meeting	Date:	
Project Type:		Property Owner:		
 Text Amendment Zone Change - Conforming Zone Change - Nonconforming Use Permit Variance Waiver of Development Standards Waiver of Title 	 Design Review Street Name Change Street Numbering Change Annexation Request Vacation and Abandonment Tentative Map Application Review 		 Clarification of Conditions Extension of Time Revocation Waiver of Conditions Ordinance Agenda Item Other 	
Motion By:	Vote:	Approval /	Denial / No Comment	
Hold (including To Date and Reason)				
# of Neighbors Present # of Neighb	oors For # (of Neighbors Against	# of Neighbors Un	decided
Conditions of Approval:				
Name of Applicant/Representative Applicant agreed to conditions Yes			oorhood meeting held?	YesNo
Signature			Date	
Title (Secretary or Chair)				

Email to Comprehensive Planning: CPAgendas@ClarkCountyNV.gov & Email to Applicable Commission District: CCDist(insert district)@ClarkCountyNV.gov