CLARK COUNTY DESERT CONSERVATION PROGRAM

Project # _____

Receipt#_____

LAND DISTURBANCE/MITIGATION FEE FORM

City/County _____

All project proponents in the permit area are required to complete this form and submit it to the appropriate local agency. Authorization to develop property will not be granted by the local agency until this form has been submitted and is accepted as complete. The project proponent is responsible for securing all signatures required below and for accurately providing all required information.

PROPERTY SITE DESCRIPTION

Assessor's Parcel Number(s):

Attached: Site Boundary outlined on Assessor's Parcel Map (Re	equired) Engineer Stamp
_	
Type of Development Permit Being Sought: COMMERCIAL \Box	
Total acreage in parcel: (2 decimal places on	lly)
Number of on-site acres within parcel to be disturbed:(2 decim	
Number of off-site acres within parcel to be disturbed:(2 decin	mal places only)
Location (City, Town, Cross Streets)	
Property Owner/Project Proponent (Print Name or Company Name)	
Address, City, State, Zip	Telephone Number
Address, City, State, Zip Signature	Date
	Date
Signature	Date
Signature FOR OFFICIA	Date
Signature FOR OFFICIA	Date LUSE ONLY lecimal places only) X \$550.00 = \$
Signature FOR OFFICIA MITIGATION FEE ASSESSED: acres (2 d Compliance Report Fee (Administrative Fee)	Date LUSE ONLY lecimal places only) X \$550.00 = \$ = \$ = \$
Signature FOR OFFICIA MITIGATION FEE ASSESSED:acres (2 d Compliance Report Fee (Administrative Fee) Total Fees Paid	Date Date LUSE ONLY lecimal places only) X \$550.00 = \$ = \$ = \$ DCUMENTATION)
Signature FOR OFFICIA MITIGATION FEE ASSESSED: acres (2 d Compliance Report Fee (Administrative Fee) Total Fees Paid If exemption of fee applies, please explain below: (ATTACH DO	Date LUSE ONLY lecimal places only) X \$550.00 = \$ = \$ = \$ DCUMENTATION)
Signature FOR OFFICIA MITIGATION FEE ASSESSED:acres (2 d Compliance Report Fee (Administrative Fee) Total Fees Paid If exemption of fee applies, please explain below: (ATTACH DO Mitigation Fee Previously Paid: Permit Number:	Date L USE ONLY lecimal places only) X \$550.00 = \$ = \$ = \$ DCUMENTATION)

Original – Agency	Copy – Customer	Copy - DCP
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