

# NYE COUNTY CANNABIS WAIVER/DEFERRAL APPLICATION

**\*\*\* This application will not be taken over the counter. Please call (775) 751-4249 to schedule an appointment \*\*\***



## Application Checklist

- Original signed application
- Proof of Ownership
- Justification letter (letter must address the following):
  - Explain the request for waiver or deferral in detail. Please include any hardship and what fees are being requested.
  - Application needs to be verified before a Notary Public by the owner of the land and/or buildings affected or by its acknowledged agent (*Required for all waiver applications*)

***\*\*Falsification of any information contained hereon may cause all approvals to be revoked.***

***\*\* If your request is granted it is a one-time waiver/deferral and you will be required to reapply for any waiver/deferral requests in the future.***

## Application Fee

Non-Public Hearing \$0

Department of Planning  
250 N. Hwy 160, Ste. 1  
Pahrump, NV 89060  
Phone: 775-751-4249  
Fax: 775-751-4324  
Website: [www.nyecounty.net](http://www.nyecounty.net)  
Email: [planning@co.nye.nv.us](mailto:planning@co.nye.nv.us)

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# Cannabis Waiver/Deferral Application

Non-Public Hearing

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Master Plan Land Use: \_\_\_\_\_ Gross Acres: \_\_\_\_\_

Intent of this Request: \_\_\_\_\_

\_\_\_\_\_

Property Owner	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone _____ Email _____
Agent/Applicant	Name _____ Company _____
	Address _____ City _____
	State _____ Zip Code _____ Phone _____ Email _____

(I, We), the undersigned swear and say that (I am, We are) the owner(s) of record on the tax rolls of the property involved in this application to initiate under Nye County Code; that the information on the plans and drawings attached hereto, and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned understands that this application must be complete and accurate before a hearing can be conducted, (I, We) also authorize the Nye County Planning Department and its designee, to enter the premises of the property subject to this application for the purpose of gathering information for the purpose of advising the public of the proposed application. FURTHER, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE OF AND HAS READ THE ATTACHED "LIST OF POTENTIAL NYE COUNTY DEVELOPMENT REQUIREMENTS."

\_\_\_\_\_  
Property Owner/Agent Signature

\_\_\_\_\_  
Print Name

### For Office Use Only

<b>Date Filed:</b>	<b>Application Number:</b>	<b>Received By:</b>
<b>Processed By:</b>	<b>MEETING DATES</b> <b>BOCC:</b>	<b>FAM Issued:</b>
<b>Code Compliance on File?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Related Case Numbers:</b>	
<b>Case #</b>		
<b>STAFF NOTES:</b>		