Public Health	NORTHERN NEVADA PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East 9th Street • Reno, NV 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 www.NNPH.org healthehs@NNPH.org MAP SIGNATURE (Final, Parcel, BLA)	NNPH     Use Only     Fee Paid:     Date Paid:     Receipt #:
IF ALL ITEMS LISTED BELOW AREN'T SUBMITTED IN ONE COMPLETE PACKAGE,		
REVIEW MAY BE DELAYED UNTIL THE SUBMITTAL IS COMPLETE.		
SUBMITTAL (check one): MAP REVIEW MAP SIGNATURE (MYLAR)   (REQ'D BEFORE SIGNATURE) (E.G. FINAL MAP, PARCEL MAP, BLA, ETC.)		
Accela Record # (FNL, SIT, SMAP, WFNLMP, etc.):		
	Parcel #:	
Applicant:	Company:	
	Email:	
	Company:	
Note: The undersigned acknowledges that the NNPH's acceptance of this submittal doesn't signify that: the provided documents are complete; the statutory requirements are met; the associated final map will record before tentative map expiration. The applicant is responsible for the timeliness and completeness of all submittals, and monitoring the processing of all improvement plans, and of final map review.		
Print Name:	Signature & Date:	
FINAL MAP REVIEW CHECKLIST [the following items are required - cross out anything that is not included]   >>>>>> Do not include mylars when submitting a Final Map Review <<<<<   Agency approval of final map plans [City of Reno + City of Sparks = print Accela status, Washoe County = approval email]   Approved TMWA water plans that comply with regulatory standards or an approval letter for a water project permit   Final map plans & a letter stating that the final map plans match the approved construction permit plans & TMWA water plans   Sewer will serve from the sewer utility   Water will serve from the water utility +   Water will serve from the water utility +   Water mill serve from the state approving a special exception request from a water company   Letter from the Nevada Department of Conservation and Natural Resources, Division of Water Resources   Letter stating who is inspecting water & inspecting sewer & that certifications will be submitted quarterly to the Health District   Approved dust control permit from Health Air Quality [ <u>https://www.NNPH.org/programs.and.services/air-quality/Forms_and_Applications.php]</u> All utilities (e.g. septic, sewer, water, well, power, etc.), easements, property lines, etc. are shown? Yes No		
PARCEL MAP + BOUNDARY LINE ADJUSTMENT REVIEW CHECKLIST [the following items are required]   □ Sewage disposal method → □ Existing septic □ Proposed septic □ Existing sewer □ Proposed sewer   □ Meets Health District septic requirements? Yes □ No [https://www.NNPH.org/files/ehs/regulations/ehs/sws-regs-2013-05-23.pdf]   □ All utilities (e.g. septic, sewer, water, well, power, etc.), easements, property lines, etc. are shown on the map? □ Yes □ No   NNPH use only: Mylar signed? □ Yes Date: NNPH Signature:		
Okay to sign map? D Yes	Date: NNPH Signature:	]