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STATE OF NEVADA

COMSTOCK HISTORIC DISTRICT COMMISSION

Application for Review of File

Mail or Fax to:

P.O Box 128

Virginia City, Nevada 89440

Fax: 775-847-0653

For Inquires Call: 775-847-0281

Pursuant to Nevada Revised Statutes Section 384.070, the undersigned is hereby requesting to review the Comstock Historic District Commission file for the following property as described below:

|  |  |
| --- | --- |
| Property address |  |
| Located in the community of |  |
| APN # |  |
| Owner’s Name |  |
| Structure of particular interest |  |

|  |
| --- |
| Records Requested: |
| Check one:  Paper copies  Certified copies  Check one:  Inspection (in person)  Pick up (in person)  Send USPS |

|  |  |
| --- | --- |
| Date of Request |  |
| Requestor Contact Information | |
| Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Phone: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| Statement | |
| I understand there is a charge for copies of public records. I understand I will receive a written estimate for production of the records indicated above if the estimated cost is expected to be over $25.00, which I will be required to pay in full prior to inspection or reproduction. Materials will be held for 30 days. If not retrieved, advanced payment will not be returned. | |
| Requester  Signature | Signature Required |

Due to limited staff time, requests cannot be acted upon immediately. Upon submission of a request staff will gather pertinent materials and contact applicant to make an appointment to review the file. Due to present space limitations staff may elect to hold file review at an alternate location. This form will become a part of the public record and be retained in the relevant file.

CHDC Staff:

Received By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_