

WASHOE COUNTY HEALTH DISTRICT ENHANCING QUALITY OF LIFE	WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street • PO Box 11130 • Reno, NV 89520 Telephone (775) 328-2434 • Fax (775) 328-6176 www.washoecounty.us/health health@washoecounty.us	WCHD Use Only Signatory: _____ Date Signed: _____
MAP SIGNATURE (Final, Parcel, BLA)		

**IF ALL ITEMS LISTED BELOW AREN'T SUBMITTED IN ONE COMPLETE PACKAGE,
REVIEW MAY BE DELAYED UNTIL THE SUBMITTAL IS COMPLETE.**

SUBMITTAL (check one): FINAL MAP CHECK MYLAR / JURAT (E.G. FINAL MAP, PARCEL MAP, BLA, ETC.)

ACCELA REVIEW # (required): _____

Associated Accela #'s (if applicable): _____

Map Name: _____ APN: _____

Applicant: _____

Telephone: _____ Email: _____

Who to contact: _____

Telephone: _____ Email: _____

Note: The undersigned acknowledges that WCHD's acceptance of this submittal doesn't signify the provided documents are complete, that statutory requirements are met, or an associated final map will record before tentative map expiration. The applicant, and/or agent(s), is responsible for the timeliness, and completeness, of all submittals, and monitoring the processing of all improvement plans, and final map.

Applicant: _____ Signature / Date: _____

REQUIRED ITEMS CHECKLIST ----- FINAL MAP -----

- Approval from City of Reno (Accela), City of Sparks (email) or Washoe County (email) regarding Final Map Plans
- Approved Water Project
- Final Map Improvement Plans ---- must match Approved Building Permit + Approved Water Project Plans ----
- Sewer Will Serve
- Water Will Serve
- Water Will Serve (Landscaping) - if applicable
- Nevada Department of Conservation and Natural Resources (NDCNR) , Division of Water Resources (DWR) Review Letter
- Nevada Department of Environmental Protection (NDEP), Bureau of Water Pollution Control (BWPC) review letter
- Water + Sewer Inspection Letter(s)
- Dust Control Permit [\[https://www.washoecounty.us/health/programs-and-services/air-quality/forms-and-applications/index.php\]](https://www.washoecounty.us/health/programs-and-services/air-quality/forms-and-applications/index.php)

REQUIRED ITEMS CHECKLIST ----- PARCEL MAP -- BLA -- OTHER -----

- Sewage Disposal Method → Existing Septic Proposed Septic Existing Sewer Proposed Sewer
- Meets WCHD septic requirements? Yes No [\[https://www.washoecounty.us/health/files/regulations/ehs/sws-reqs-2013-05-23.pdf\]](https://www.washoecounty.us/health/files/regulations/ehs/sws-reqs-2013-05-23.pdf)
- Are all utilities (e.g. septic, sewer, water, well, power, etc.), easements, property lines, etc. shown on map? Yes No

WCHD use only:			
---- Mylar Paid? ----	<input type="checkbox"/> Yes	Date: _____	WCHD Signature: _____
---- Okay to sign map? ----	<input type="checkbox"/> Yes	Date: _____	WCHD Signature: _____