

# Forms

**CHECKLIST**  
**FOR MONTHLY PACKET SUBMITTALS OF**  
**DISTURBED ACRES & FEES COLLECTED UNDER**  
**SECTION 10(A) PERMIT**

- I have checked that all lines have been completed on all Mitigation Forms
- I have checked that all calculations on the forms are correct and shown to 2 decimal places
- I have checked the calculations on the cover sheet against the Mitigation Forms and System Generated Report
- I have verified the correct deposit amount with the Finance Department in my agency
- I am submitting the monthly packet to Clark County by the 10<sup>th</sup> business day of the month following the reporting period

Monthly packet should include:

- Cover Sheet
- Certification Sheet
- System Generated Report
- Mitigation Form(s)
- Back-up for Mitigation Form(s) (Copy of previous permit, etc.)

If you have any questions, please contact Brianna Mullins at (702) 455-3536 or at [Brianna.Mullins@ClarkCountyNV.gov](mailto:Brianna.Mullins@ClarkCountyNV.gov)



**desert conservation**  
PROGRAM  
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10-23-220  
V-1603

## DESERT CONSERVATION PROGRAM COMPLIANCE REPORT MONTH-END SUMMARY

FROM (Jurisdiction): \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_ Phone #: \_\_\_\_\_

FOR MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

TOTAL ACRES DISTURBED: \_\_\_\_\_

TOTAL MITIGATION FEES COLLECTED: \_\_\_\_\_

*(Do not include Administrative Fees)*

\*\*Please note governmental exemptions are no longer allowable.

Submit the above information along with the **WHITE** copies of the Land Disturbance/Mitigation Fee Form to:

Brianna Mullins, Administrative Specialist  
Desert Conservation Program  
4701 W Russell Road Ste. 200  
Las Vegas, NV 89118

Revision: 11/16/15

# MONTHLY CERTIFICATION OF DISTURBED ACRES & FEES COLLECTED UNDER SECTION 10(A) PERMIT

This certifies that the employee identified below has performed the necessary steps to ensure all calculations are correct for the disturbed acreage and fees collected in the month reported below. This sheet also certifies the information for the reported month will be submitted by the 10<sup>th</sup> business day of the month as directed under the current procedures.

## PERIOD COVERED BY THIS CERTIFICATION:

**FROM:** \_\_\_\_\_  
**Month/Day/Year**

**To:** \_\_\_\_\_  
**Month/Day/Year**

\_\_\_\_\_  
**Employee's Name (Print)**

\_\_\_\_\_  
**Supervisor's Name (Print)**

\_\_\_\_\_  
**Employee's Signature      Date**

\_\_\_\_\_  
**Supervisor's Signature      Date**



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**CLARK COUNTY DESERT CONSERVATION PROGRAM**

Project # \_\_\_\_\_

**LAND DISTURBANCE/MITIGATION FEE FORM**

Receipt# \_\_\_\_\_

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): \_\_\_\_\_

OR

Legal Description (Attach Separate Sheet If Required): \_\_\_\_\_

Legal Description Includes: Township \_\_\_\_\_ ; Range \_\_\_\_\_ ; ¼ \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ \_\_\_\_\_ of Section \_\_\_\_\_ (This will provide a property description to the nearest ten acres: 640 ac./sec \* 1/64 sec. = ten acres). This information is available on County or City plat maps for the subject property. Provide property address and nearest major street intersection if existing. Also describe landmarks (e.g., shopping centers, railroad tracks, power lines or other unique features) with directions and distances to or from said landmarks.

Type of Development Permit Being Sought:      COMMERCIAL       RESIDENTIAL

Total acreage in parcel: \_\_\_\_\_      Number of acres within parcel to be disturbed: \_\_\_\_\_

City or Town Location: \_\_\_\_\_

Property Owner/Project Proponent (Print Name or Company Name)

Address, City, State, Zip

Telephone Number

Signature

Date

**FOR OFFICIAL USE ONLY**

MITIGATION FEE ASSESSED: \_\_\_\_\_ acres X \$550.00 = \$ \_\_\_\_\_ (2 decimal places only)

Compliance Report Fee (Administrative Fee)      = \$ \_\_\_\_\_

Total Fees Paid      = \$ \_\_\_\_\_

If exemption of fee applies, please explain below: (ATTACH DOCUMENTATION)

Tortoise Mitigation Fee Previously Paid:  Permit Number: \_\_\_\_\_

Property Previously Developed, Fee Not Applicable. Explain \_\_\_\_\_

Other, Explain: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**CALCULATION OF ACRES DEVELOPED AND FEES PAID WILL BE AUDITED**

White copy – DCP    Yellow copy – Agency    Pink copy – Customer



LAND DISTURBANCE MITIGATION FEE REFUND FORM

Refund Information	
Date:	Agency:
Parcel #:	Project Proponent:
Date of original permit:	Date permit was withdrawn:
Amount of refund (in US Dollars):	
Amount of acres disturbed associated with this refund:	
Reason for request of refund:	
Copy of letter of request for refund attached from project proponent (Required): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of permit attached (Required): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Back-up or supporting documentation attached (If checked please list documentation) <input type="checkbox"/>	
Agency Approval (For Agency use only)	
Refund researched and submitted by:	
Name:	
Position:	
Contact number:	
Signature:	Date:
Refund Final Approval (DCP use only below this line)	
Is this refund ok to forward for payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date request received:
Was all required documentation submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Escalation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes provide contact name and record of conversation and/or attach correspondence:	
Administrative Specialist Approval	
Signature:	Date:
Senior Management Analyst Approval	
Signature:	Date:
Senior Financial Analyst Approval	
Signature:	Date:
Financial Coding:	
Before filing, ensure packet contains:	
<input type="checkbox"/> Copies of <u>all</u> supporting documentation (Permit, Correspondence, back-up, etc.)	



## LAND DISTURBANCE MITIGATION FEE AUDIT INQUIRY FORM

Discrepancy Information	
Date:	Agency:
Month of report in question:	Original report submitted by:
Discrepancy:	
Copy of discrepancy attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corrective Action Taken (For Agency use only)	
Please explain the corrective action to resolve this discrepancy:	
Corrected by: Name: Position: Contact number:	
Signature:	Date:
<input type="checkbox"/> Back-up or supporting documentation attached (If checked please list documentation)	
Discrepancy Final Approval (DCP use only)	
Has this discrepancy been resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date resolved:
Back-up documentation submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Escalation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide contact name and record of conversation and/or attach correspondence:	
Administrative Specialist Approval	
Signature:	Date:
Senior Management Analyst Approval	
Signature:	Date:
<b>Before filing, ensure packet contains:</b> <input type="checkbox"/> Copy of discrepancy <input type="checkbox"/> Copies of <u>all</u> supporting documentation (Correspondence, back-up, etc.)	