DOUGLAS COUNTY, NV This is a no fee document

2015-862716

NO FEE

05/27/2015 10:39 AM

DC/ASSESSOR

KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1319-09-702-023

Recording Requested By:

Name: DOUGLAS CO ASSESSOR

Address: 16168TH ST

City/State/Zip MINDEN, NV 89423

Real Property Transfer Tax:

APPLICATION FOR OPEN SPACE/HISTORICAL USE **ASSESSMENT**

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

Page 1 of 2

APN (Assessor's Parcel Number)

1319-09-702-023

Return this application to: Douglas County Assessor 1616 8th St PO Box 218 Minden, NV 89423

RECEIVED

MAR 0 9 2015

ASSESSOR'S OFFICE DOUGLAS COUNTY

This space for Recorder's Use Only

Application for Open Space/Historic Use Assessment

Return this application to the County Assessor's Office at the address shown above no later than June 1st. If this application is approved, it will be recorded and become a public record.

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS TO THIS APPLICATION.

Please type in the following information for each owner of record or his representative.			
Owner: Shannon Casteel Representative: Address: Address:			
City, State, Zip: City, State, Zip:			
This property is <u>1/3</u> acres in size and the current use of this property is (i.e. grazing, recreation,			
residential, etc.) <u>Ausclewital</u>			
For what reasons do you feel the above-described property should be classified as open space/historic:			
home of Guery Bill Thoungton Just man			
planged in Meladal			
Is the property available and accessible to the general public?			
If not, explain:			
n not, explain.			
If open space real property classification is sought on the basis of the property being designated by law as			
historic, please answer the following questions:			
1) The historic name of the property is <u>Aboung tow Mules</u> 2) The address of the property is <u>JJ68 Main</u> Street			

	3) The improvements were constructed in Med 55 (Indicate year	, estimate if ur	ıknown)		
	(I) (We) hereby certify that the foregoing information submitted is true, accurate and complete to the best of (my) (our) knowledge. (I) (We) understand that if this application is approved, this property may be subject to liens for undetermined amounts. (Each owner of record or his authorized representative must sign. Representative must indicate for whom he is signing, in what capacity and under what authority.) Please print name under each signature.				
(Arannon Carteel)	3-10-	15		
`	Signature of Applicant or Agent – Address and Phone Number	Date	7		
			_ //		
	Signature of Applicant or Agent – Address and Phone Number	Date	1		
	Signature of Applicant or Agent – Address and Phone Number	Date			
	FOR USE BY THE COUNTY ASSESSOR OR DEPARTMENT OF TA	XATION			
	Application Received Application Received Date Property Inspected	DS Initial			
	☐ Income Records Inspected (If applicable) — Income Records (If applicabl	Initial			
	County Commission Action Date Date	Initial Initial			
	Written Notice of Approval or Denial Sent to Applicant Date Date	Initial			
	Reasons for Approval or Denial and Other Pertinent Comments: Approved by State Historic Preservation Office Approved by County Commission 5/7/15	Letter 4	23 15		
1	Signature of Official Processing Application Title	5/22/15 Date			
			I		