PUBLIC NOTICE

SITE PLAN REVIEW

PLEASE NOTIFY OUR OFFICE OF ANY CONCERNS, COMMENTS OR CONDITIONS OF APPROVAL WHICH YOU FEEL SHOULD BE ASSOCIATED WITH THIS PROJECT BY:

CASE NUMBER

PROJECT NAME

DESCRIPTION

APPLICANT

STAFF CONTACT

---Select----

CITY OF RENO
Development Services Department
P.O. Box 1900
Reno, NV 89505

The applicant shall remove this sign within 5 days after the appeal period has ended.