

Washoe County Development Application

Your entire application is a public record. If you have a concern about releasing personal information, please contact Planning and Building staff at 775.328.6100.

Project Information		Staff Assigned Case No.: _____	
Project Name: KENNETH & NANCY CHRISTMAS			
Project Description: 16-OCCUPANCY APPLICATION			
Project Address: 687 SUTRO CT, INCLINE VILLAGE, NV, 89451			
Project Area (acres or square feet): 5400'			
Project Location (with point of reference to major cross streets AND area locator): INCLINE VILLAGE @ SUTRO @ JENNIFER			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
125 37202	.436 ACRES		
Indicate any previous Washoe County approvals associated with this application: Case No.(s). WSTR 000262			
Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:	
Name: KENNETH & NANCY CHRISTMAS		Name: SUN BEAR REALTY	
Address: 1112 MONTANA AVE #274		Address: 811 TAHOE BL	
SANTA MONICA, CA Zip: 90403		INCLINE VILLAGE, NV Zip: 89451	
Phone: 310-702-3363 Fax:		Phone: 775-831-9000 Fax:	
Email: NANKRAM@AOL.COM		Email: OFFICE@SUNBEARREALTY.COM	
Cell:	Other:	Cell:	Other:
Contact Person: NANCY CHRISTMAS		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Cell:		Cell:	
Other:		Other:	
Contact Person:		Contact Person:	
For Office Use Only			
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

**Administrative Review Permit Application
for a Short Term Rental
Supplemental Information**

(All required information may be separately attached)

1. What is the square footage of habitable area of the proposed short term rental (exclude the bathrooms, hallways, garage, etc)?

5407

2. How many off-street parking spaces are available? Parking spaces must be shown on site plan. Are any new roadway, driveway, or access improvements be required?.

3 CAR GARAGE + 3 IN DRIVEWAY

3. How are you planning to integrate the main dwelling and secondary dwelling to provide architectural compatibility of the two structures?

N/A

5. How many off-street parking spaces are available? Parking spaces must be shown on site plan. Are any new roadway, driveway, or access improvements be required?

N/A

6. What will you do to minimize any potential negative impacts (e.g. increased lighting, removal of existing vegetation, etc.) your project may have on adjacent properties?

N/A

7. Is the subject property part of an active Home Owners Association (HOA) or Architectural Control Committee?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please list the HOA name.
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8. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that may prohibit a short term rental on your property?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please attach a copy.
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Property Owner Affidavit

Applicant Name: KENNETH & NANCY CHRISTMAS

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, KENNETH C. CHRISTMAS, JR
(please print name)

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true, and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Building.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): 125 37202

Printed Name KENNETH C. CHRISTMAS, JR

Signed [Signature]

Address 687 SUTRO CT.

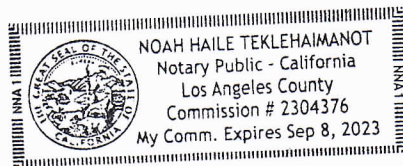
INCLINE VILLAGE, NV 89451

Subscribed and sworn to before me this 19th day of November, 2021.

(Notary Stamp)

[Signature]
Notary Public in and for said county and state California
Los Angeles

My commission expires: 09/08/2023



*Owner refers to the following: (Please mark appropriate box.)

- Owner
- Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)
- Power of Attorney (Provide copy of Power of Attorney.)
- Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

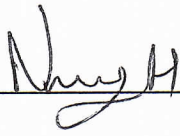
} s.s.

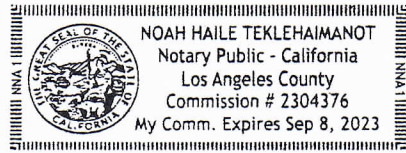
Subscribed and sworn to (or affirmed) before me on this 19th day of November,

2021, by Kenneth C. Christmas Jr. and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.





For other required information (Notary Name, Commission No. etc.)

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence: <input checked="" type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # _____ Entry # _____
Notary contact: _____
Other
<input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____

Property Owner Affidavit

Applicant Name: KENNETH & NANCY CHRISTMAS

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STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, NANCY CHRISTMAS
(please print name)

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true, and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Building.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): 125 37202

Printed Name NANCY CHRISTMAS

Signed [Signature]

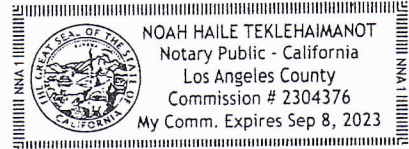
Address 687 SUTRO CT.

INCLINE VILLAGE, NV 89451

Subscribed and sworn to before me this 19th day of November, 2021.

(Notary Stamp)

[Signature]
Notary Public in and for said county and state California
Los Angeles
My commission expires: 09/08/2023



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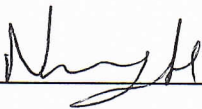
} s.s.

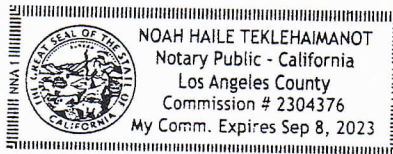
Subscribed and sworn to (or affirmed) before me on this 19th day of November,

2021, by Nancy Christmas and

_____, proved to me on the basis of

satisfactory evidence to be the person(s) who appeared before me.





For other required information (Notary Name, Commission No. etc.)

OPTIONAL INFORMATION

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Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

Affiant(s) Thumbprint(s) Describe: _____