Washoe County Development Application

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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: GREENVIEW HOA - GARAGES Project Construct 1~ZCAR and 1-ICAR GARAGE ON Description: HOA Common property			
Project Address: 692 PAIMER CT Incline Village NV 89451 Project Area (acres or square feet): 600 SorFT			
Project Location (with point of reference to major cross streets AND area locator): 692 PAINER CT at end of cuide 546 - Cross 57-Wilson of of Golfers PASS Rd.			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
128-310-05	1055 than to Acie		
Indicate any previous Washoe County approvals associated with this application:			
Case No.(s).			
Applicant Information (attach additional sheets if necessary)			
Property Owner: GREENVIC HOA		Professional Consultant:	
Name: 40 John A. HASH		Name:	
Address: 692 PAlmen Ct		Address:	
INCLINE VillAgeZip: 89451		ALA	Zip:
Phone: \$30-2/8-3139 Fax:		Phone: Fax:	
Email: JHINSAP 9 Mail- com		Email:	
Cell: 530-318-313 9 Other:		Cell: Other:	
Contact Person: John A. HASh		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: John A. HASh		Name:	
Address: 692 PAIMEN Ct		Address:	
Incline Village Zip: 89451		NIA	Zip:
Phone: 520.318-3/34 Fax:		11/1	Fax:
Email: JHINSA @ amail. Com		Email:	
Cell: 530-318-3139 Other:		Cell:	Other:
Contact Person: John A. HASh		Contact Person:	
For Office Use Only			
Date Received: Initial:		Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

Amendment of Conditions Application Supplemental Information

(All required Information may be separately attached)

Required Information

- 1. The following information is required for an Amendment of Conditions:
 - a. Provide a written explanation of the proposed amendment, why you are asking for the amendment, and how the amendment will modify the approval.
 - b. Identify the specific Condition or Conditions that you are requesting to amend.
 - c. Provide the requested amendment language to each Condition or Conditions, and provide both the existing and proposed condition(s).

Because of changes to plans by NLTFAD- of ADDing Splink lers To the grages, it will require a change in Plans and delay issued formit past out DATE of Lat Line Adjustment to Dogin project. We request a bmonth extension to Acomodate N17700

2. Describe any potential impacts to public health, safety, or welfare that could result from granting the amendment. Describe how the amendment affects the required findings as approved.

There are NO imports Topoblic health, sofety on welface in granting the amend ment. In Spect by extending one DATE TO ACLOM ODATE NLTFPD will increase public SAFAY with the chedition of Sprinklers TO the Careage