

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:			
Project Description: STR 416 Country Club			
Project Address: 416 Country Club DR INCLINE VILLAGE			
Project Area (acres or square feet):			
Project Location (with point of reference to major cross streets AND area locator):			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
131-234-14	.634		
Indicate any previous Washoe County approvals associated with this application: Case No.(s).			
Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:	
Name: 416 Country Club LLC		Name: Goldfish Properties	
Address: 300 W Douglas #1050		Address: 920 Incline Way Ste A	
Wichita KS Zip: 67202		Incline Village Zip: 89451	
Phone: 316-291-8229 Fax:		Phone: 775-832-4646 Fax:	
Email: mette@garveyventures.com		Email: boyd@goldfishproperties.com	
Cell: Other:		Cell: 690-3909 Other:	
Contact Person:		Contact Person: Boyd Golden	
Applicant/Developer:		Other Persons to be Contacted:	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone: Fax:		Phone: Fax:	
Email:		Email:	
Cell: Other:		Cell: 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)?

2751[#]

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?.

No off-street Parking

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

Only 1 Dwelling

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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WASHOE COUNTY
Planning & Building Division
SHORT TERM RENTALS PERMIT
WEBSITE: www.washoecounty.us/str

1001 E. Ninth Street
Reno, NV 89520-0027

(775) 328-6100

Permit No: WSTR24-0036

Permit Type: Short Term Rentals

Applied: 03/28/2024

Planning Permit Number (if applicable):

Issued: 03/28/2024

Expire: 03/28/2025

Address: 416 COUNTRY CLUB DR
INCLINE VILLAGE, NV, 89451

Parcel No: 131-234-14

Home Square Footage: 2682

**MAXIMUM
OCCUPANCY:** 10

Number of Bedrooms: 6

Parking Spaces: 4

OWNER: 416 COUNTRY CLUB LLC
300 W DOUGLAS # 1050
WICHITA, KS 67202

Phone: (316) 291-8229
(316) 291-8229

Email: mette@garveyventures.com

LOCAL RESPONSIBLE PARTY: Goldfish Properties
920 Incline Way Ste. 1A
Incline Village, NV 89451

Mobile: (775) 690-3909
(Must be text)

Email: boyd@goldfishproperties.com

AUTHORIZED AGENT: Goldfish Properties
920 Incline Way Ste. 1A
(Only if Applicable) Incline Village, NV 89451

Mobile: (775) 690-3909
(Must be text)
Office Phone: (775) 690-3909

Email: boyd@goldfishproperties.com

Permission is hereby granted to advertize and operate the short term rentals described in this application, in accordance with the Rules, Regulations and Ordinances of the County of Washoe, along with the plans and application filed herewith.

Initial disclosures below or on the next page.

IMPORTANT TIME DEADLINES:

I UNDERSTAND THAT FINAL INSPECTION OR RENEWAL OF THIS PERMIT MUST BE MADE PRIOR TO THE EXPIRATION DATE OR NEW PLANS MUST BE SUBMITTED AND PERMIT FEES PAID PRIOR TO FINAL INSPECTION. PERMITS EXPIRE 12 MONTHS FROM THE DATE OF ISSUE, WITH NO GRACE PERIOD. IF THE DATE OF EXPIRATION FALLS ON A WEEKEND OR HOLIDAY, THE PERMIT MUST BE RENEWED ON THE LAST BUSINESS DAY PRIOR TO THE EXPIRATION. I UNDERSTAND THIS IS THE ONLY NOTICE I WILL RECEIVE FOR RENEWAL OF THE PERMIT AND KEEPING THE PERMIT RENEWED AND IN A VALID STATUS IS MY RESPONSIBILITY.

DISCLAIMERS: INDEMNIFICATION: ACKNOWLEDGMENTS BY PERMITTEE:

I UNDERSTAND THAT THE INSPECTIONS PROVIDED BY WASHOE COUNTY ARE LIMITED TO VERIFYING COMPLIANCE WITH STR ORDINANCE, on 110.319.

I HEREBY AGREE TO DEFEND AND TO SAVE, INDEMNIFY AND KEEP HARMLESS THE COUNTY OF WASHOE AND ITS OFFICERS, EMPLOYEES AND AGENTS AGAINST ALL LIABILITIES, JUDGEMENTS, COSTS AND EXPENSES WHICH MAY ACCRUE AGAINST THE COUNTY IN CONSEQUENCE OF GRANTING OF THIS PERMIT, IN CONSEQUENCE OF THE COUNTY'S OWN NEGLIGENCE OR ITS OTHERS ACTS OR OMISSIONS WITH RESPECT TO THIS PERMIT, OR IN CONSEQUENCE OF THE USE OR OCCUPANCY, OR OTHERWISE BY VIRTUE THEREOF, AND WILL IN ALL THINGS STRICTLY COMPLY WITH THE CONDITIONS OF THIS PERMIT AND PROVISIONS OF THE RULES, REGULATIONS AND ORDINANCE OF THE COUNTY OF WASHOE.

BY INITIALIZING THIS SECTION, YOU GRANT PERMISSION OF ENTRY TO THE STRUCTURE PERMITTED BY THIS PERMIT AND AUTHORIZE WASHOE COUNTY INSPECTORS TO ACCESS THE PROPERTY AT REASONABLE TIMES PROVIDED THAT CREDENTIALS BE PRESENTED TO THE OCCUPANT AND ENTRY REQUESTED FOR THE PURPOSES OF CONDUCTING REQUIRED INSPECTIONS ASSOCIATED WITH THIS PERMIT AND ENFORCE THE PROVISIONS OF WASHOE COUNTY CODE