

## **WASHOE COUNTY COMMUNITY SERVICES DEPARTMENT**

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## **COVER LETTER / RESPONSE LETTER** (for corrections or revisions)

Date:	Permit Number:	
Contact(s) email(s) :		
Division:	Name of Reviewer:	
	Please	<u>Bubble</u> and <u>Delta</u> all changes
	Correction to be addressed:	Please indicate how the correction was addressed and the specific plan page/detail that was changed







EFFECTIVE