Community Services Department

Planning and Building

APPEAL TO BOARD OF ADJUSTMENT (BOA) APPLICATION

Community Services Department
Planning and Building
1001 E. Ninth St., Bldg. A
Reno, NV 89512-2845

Telephone: 775-328-6100

Washoe County Appeal of Decision to Board of Adjustment

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.

Appeal of Decision by (Check one)

Note: Appeals to the Washoe County Board of Adjustment are governed by WCC Section 110.910.15(i), WCC Section 110.912.10(j), and NRS 278.310.

☐ Administrative Hearing Officer	☐ County Building Official
☐ Director, Planning and Building Division ☐ Director, Engineering and Capital Projects Division	**Fire Code Official** ☐ North Lake Tahoe Fire Protection District ☐ Truckee Meadows Fire Protection District

Appeal Date Information

Note: This appeal must be delivered in writing to the offices of the Planning and Building Division or the Washoe County Building Official within 10 (ten) calendar days from the date that the decision being appealed is communicated in writing to the appellant.

Note: The appeal must be accompanied by the appropriate appeal fee (see attached Master Fee Schedule).

Date of this appeal: _____

Date of action by County: _____

Date of decision for which appeal is being filed: _____

Project Location: _____

Appellant Information

Name:	Phone:
Address:	Fax:
	Email:
City: State: Zip:	Cell:

Specific action by the County being appealed:

Describe why the decision should or should not have been made:

Cite the specific outcome you are requesting with this appeal:

Describe your basis as an aggrieved party. The basis must include the nature and location of your property interest and the manner in which the property interest will be affected by the appealed decision.

Did you speak at the public hearing when this item was considered?	☐ Yes ☐ No
Did you submit written comments prior to the action on the item being appealed?	☐ Yes ☐ No

Appellant Affidavit

STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, _____ being duly sworn, depose, and say that I am an appellant
(print name)
seeking the relief specified in this petition 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 staff of the Planning and Building Division.

Signed _____
Address _____
_____
Phone: _____

Subscribed and sworn to before me this
_____ day of _____, _____.

_____
Notary Public in and for said county and state

My commission expires: _____

(Notary Stamp)

Master Fee Schedule

For the most current Planning and Development fees, please refer to the
Master Fee Schedule available at the following link:

https://www.washoecounty.gov/csd/planning_and_development/applications/applications_and_fees.php