Crossley Detached Garage

Community Services Department Planning and Building ADMINISTRATIVE PERMIT APPLICATION

(Care for the Infirm see page 9)



Community Services Department
Planning and Building
1001 E. Ninth St., Bldg. A
Reno, NV 89520

Telephone: 775.328.6100

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:				
Detached Tarage		N. C.		
Project Address: 401 Colle		parks NV 89441		
Project Area (acres or square fer Project Location (with point of re		55 <u> </u>	7	
Project Location (with point of re	Helefice to major cross	Streets AND area locatory.		
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:	
534-561-14				
•				
Section(s)/Township/Range:				
- "	e County approval	s associated with this applicat	ion:	
Case No.(s).			·	
Applicant Inf	ormation (attach	additional sheets if necess	ary)	
Property Owner:		Professional Consultant:		
Name: Sandra Crossley		Name:		
Address: 401 Calle De Lat	Plata	Address:		
Sparks NV 💆	Zip: 89441		Zip:	
Phone: 775) 292-0497	Fax:	Phone:	Fax:	
Email: Snitransport810	yahao.com	Email:		
Cell:	other:	Cell:	Other:	
Contact Person:		Contact Person:		
Applicant/Developer:		Other Persons to be Contact	ed:	
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):		

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 s		Staff Assigned Case No.:		
Project Name: CROSSLEY				
Project Description: CARAGE				
Project Address: 401 CALLE DE LA PIATA				
Project Area (acres or square feet): /2 ACPE				
Project Location (with point of reference to major cross streets AND area locator): SPANEH SPAINS CALLE DELA PLATA 3 CALLET MPIO				
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:	
534-561-14	10			
Section(s)/Township/Range:				
	e County approval	s associated with this applicat	ion:	
Case No.(s).				
Applicant Info	ormation (attach	additional sheets if necess	ary)	
Property Owner:		Professional Consultant:		
Name: SANDRA & JON	CROSSLEY	Name:		
Address: 401 CALLEDE		Address:		
SPARMS NIV Z	Zip: B9441		Zip:	
Phone (175) 292-0491 F	ax:	Phone: Fax:		
Email: barrelgir 181@c	mail, com	Email:	-	
	Óther:	Cell:	Other:	
Contact Person:		Contact Person:		
Applicant/Developer:	1	Other Persons to be Contacted:		
Name: \ JoN	CROSSLEY	Name:		
Address: 401 CALLED	XELA PLATA	Address:		
SPARUS NIV Z	Zip: 29.44		Zip:	
	ax:	Phone:	Fax:	
Email: JC6978@iCloud.Com Email:				
ce1(115)-3182163 (Other:	Cell:	Other:	
Contact Person: JoN		Contact Person:		
For Office Use Only				
Date Received: Ir	nitial:	Planning Area:		
County Commission District:		Master Plan Designation(s):		
CAB(s):		Regulatory Zoning(s):		

Property Owner Affidavit

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 t hat the application is deemed complete and will be processed. STATE OF NEVADA COUNTY OF WASHOE I	Applicant Name: JONATHAN CROSSLEY
COUNTY OF WASHOE COUNTY OF WASHOE COUNTY OF WASHOE	requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or t hat the application is deemed complete and
(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): Printed Name Printed Name Printed Name Address OCALLE DELA PLATA Subscribed and sworn to before me this day of OCALLE (Notary Stamp) MISSY L. GILLISPIE Notary Public in and for said county and state My commission expires: 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 notarized letter from property owner giving legal authority to agent.))
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): 534 - 561 - 14 Printed Name Substituting Address Follows Declaration Declaration Address Follows Declaration Declarati	
Printed Name SOLATHAN CROSSEY Signed Address GOI CALLE DELA PLATA Subscribed and sworn to before me this day of OLAGO (Notary Public In/and for said county and state My commission expires: Jan. 1, 2021 *Owner refers to the following: (Please mark appropriate box.) Owner Corporate Officer/Partner (Provide copy of Power of Attorney.) Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)	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.
Signed Address HOI CALLE DE LA PLATA Subscribed and sworn to before me this Holary Public Information of State of Nevada Appointment Recorded in Washoe County MISSY L. GILLISPIE Notary Public - State of Nevada Appointment Recorded in Washoe County No: 17-1136-2 - Expires January 1, 2021 *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.)	
Subscribed and sworn to before me this day of Orthon and state Notary Public Infand for said county and state My commission expires:	Assessor Parcel Number(s): 534-561-14
*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 notarized letter from property owner giving legal authority to agent.)	Signed meth man
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.)	MISSY L. GILLISPIE Notary Public In and for said county and state Missy L. Gillispie Notary Public - State of Nevada Appointment Recorded in Washoe County No: 17-1136-2 - Expires January 1, 2021
□ Property Agent (Provide copy of record document indicating authority to sign.)	Owner Corporate Officer/Partner (Provide copy of record document indicating authority to sign.) Power of Attorney (Provide copy of Power of Attorney.)
☐ Letter from Government Agency with Stewardship	

Administrative Permit Application Supplemental Information

(All required information may be separately attached)

Chapter 110 of the Washoe County Code is commonly known as the Development Code. Specific references to administrative permits may be found in Article 808, Administrative Permits.

1. What is the type of project or use being requested?

GARAGE - 4000# on lot w/ house of ±1700# -noelectricity -no plumbing

2. What currently developed portions of the property or existing structures are going to be used with this permit?

HONE

3. What improvements (e.g. new structures, roadway improvements, utilities, sanitation, water supply, drainage, parking, signs, etc.) will have to be constructed or installed and what is the projected time frame for the completion of each?

NONE

4. What is the intended phasing schedule for the construction and completion of the project?

DDIRTWOOK/BASIE & COMPACTON D CONCRETE DERECTIANS BUILDING DCOMPLETON BY 6-1-18

5. What physical characteristics of your location and/or premises are especially suited to deal with the impacts and the intensity of your proposed use?

LAND, HOME, GARAGE TO STORE VEHICLES IN!

6. What are the anticipated beneficial aspects or effect your project will have on adjacent properties and the community?

Higher Property VAINE
BE ABIE TO PUT AN MYVEHICLES IN SIDE

7. What will you do to minimize the anticipated negative impacts or effect your project will have on adjacent properties?

BE RESPECT FULL OF START TIMES/NOT TO EARLY NOISE NO WORKING ON HOLIDAYS ORMAKING NOISE

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How many (Please inc	improved parking icate on site plan.)	spaces, both on	-site and off-site, a	re available or will	be provide
N/A					
					y a manager
. What types indicate loc	of landscaping (e.gation on site plan.)	g. shrubs, trees, fe	encing, painting sche	eme, etc.) are propos	sed? (Plea
NA					
					The second secon
1					

width, cons	ruction materials,	colors, illumination	d? On a separate n methods, lighting (Please indicate lo	intensity, base lands	scapina, e
width, cons of each sig	ruction materials,	colors, illumination	n methods, lighting	intensity, base lands	scapina, e

☐ Yes		No No	
tilities:		,	
a. Sewer Service	51	EPTIC	
b. Water Service	In	ELL	
equirements, require nd quantity of water ri	s the dedication of	le, Chapter 110, Article 422, V water rights to Washoe County able should dedication be requi	y. Please indica
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lequirements, require	s the dedication of	water rights to Washoe County able should dedication be requi	y. Please indica
lequirements, require nd quantity of water ri c. Permit #	s the dedication of	water rights to Washoe County able should dedication be requi	y. Please indica

Administrative Permit Application Supplemental Information for Care of the Infirm

(All required information may be separately attached)

Chapter 110 of the Washoe County Code is commonly known as the Development Code. Specific references to administrative permits may be found in Article 808, Administrative Permits.

1.	Name of the Infirm:				
	News				
2.	Medical Condition:				
	L) [¥				
3.	Name of Nevada licensed physician identifying the need for on-premise care and the physician's estimate as to the length of on-premise care required (attach physician's signed affidavit):				
	NA				
4.	Name(s) of the Caregiver(s):				
	NA				
5.	Describe the type and size of recreational vehicle or self-contained travel trailer that is proposed for use as a temporary residence of the caregiver. (Attach a site map showing the proposed location.)				
	NA				

a.	Scribe the arrangements/methods proposed for the temporary provision of: Water Service:
	N/A
b.	Sewage (Sanitary Sewer) Service:
	N/A
C.	Garbage (Solid Waste) Service:
	1 ⁴ /1
d.	Electricity:
	N/#
e.	Natural Gas:
	N/A

7. What will you do to minimize the anticipated negative impacts or effect your waiver will have on adjacent properties?

WHAT EVER IS NEEDED WITHIN REPOSCH

8. What types of landscaping (e.g. shrubs, trees, fencing, painting scheme, etc.) are proposed? (Please indicate location on site plan.)

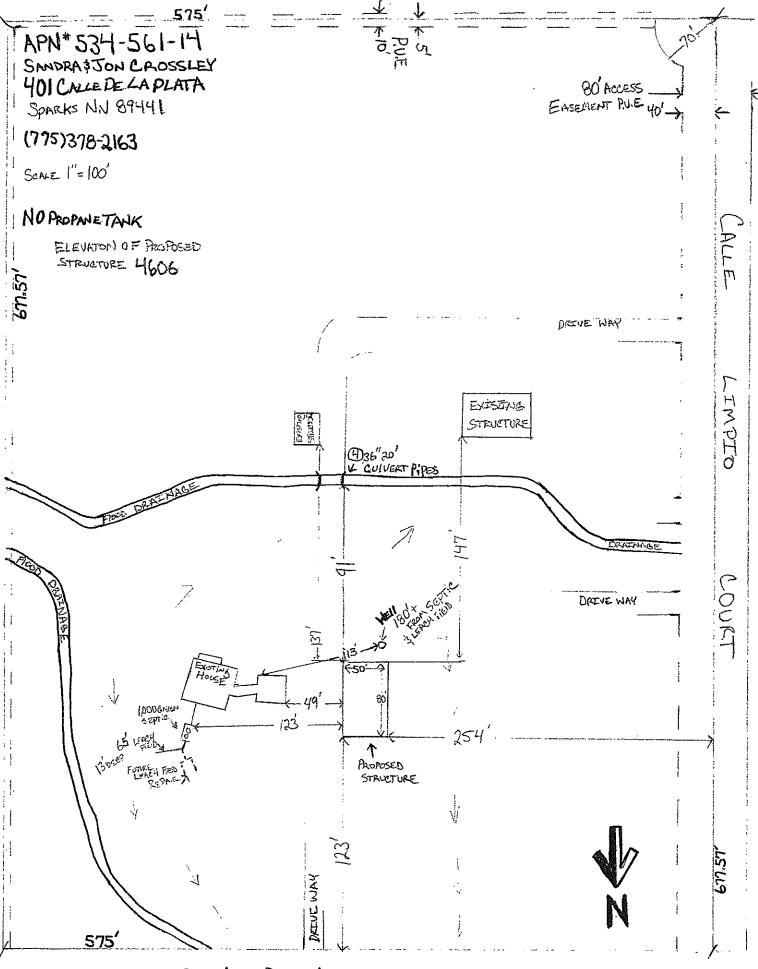
NIA

9. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that apply to the area subject to the administrative permit request? (If so, please attach a copy.)

☐ Yes Ď No

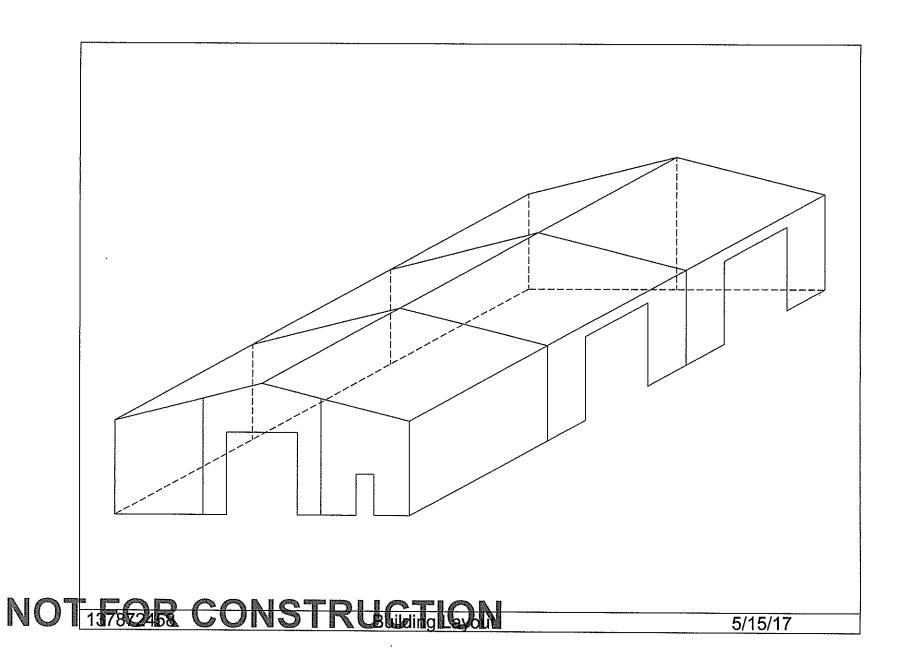
10. Community Services (provided and nearest facility):

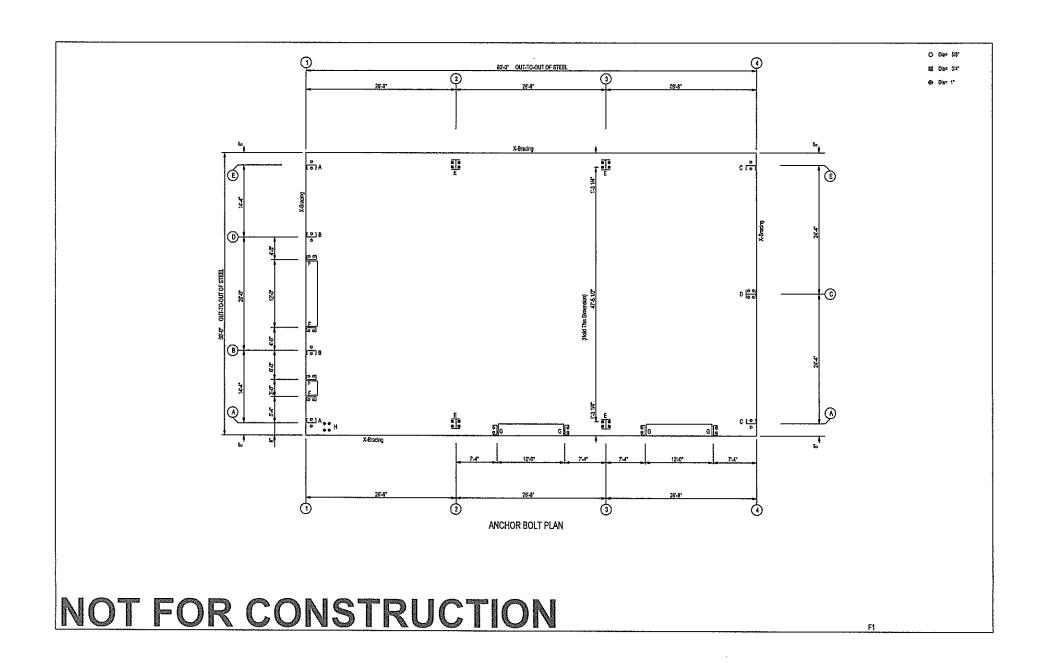
a. Fire Station	YES	31/2	L miles	TRUCKE MED	bm2
b. Health Care Facility	145	WITH	in 10 mi	INS NORTHER	NN
c. Elementary School	100	11	5 11	Alice TAYLO	· · · · · · · · · · · · · · · · · · ·
d. Middle School	YES	il	10 11	SHAW	
e. High School	YES	11	10 11	SPAN154	SPRINK
f. Parks	Vien	11	10 11	LAZY 5	
g. Library	1/25	11	12 11	LAZYS	<u> </u>
h. Citifare Bus Stop	MA	":			

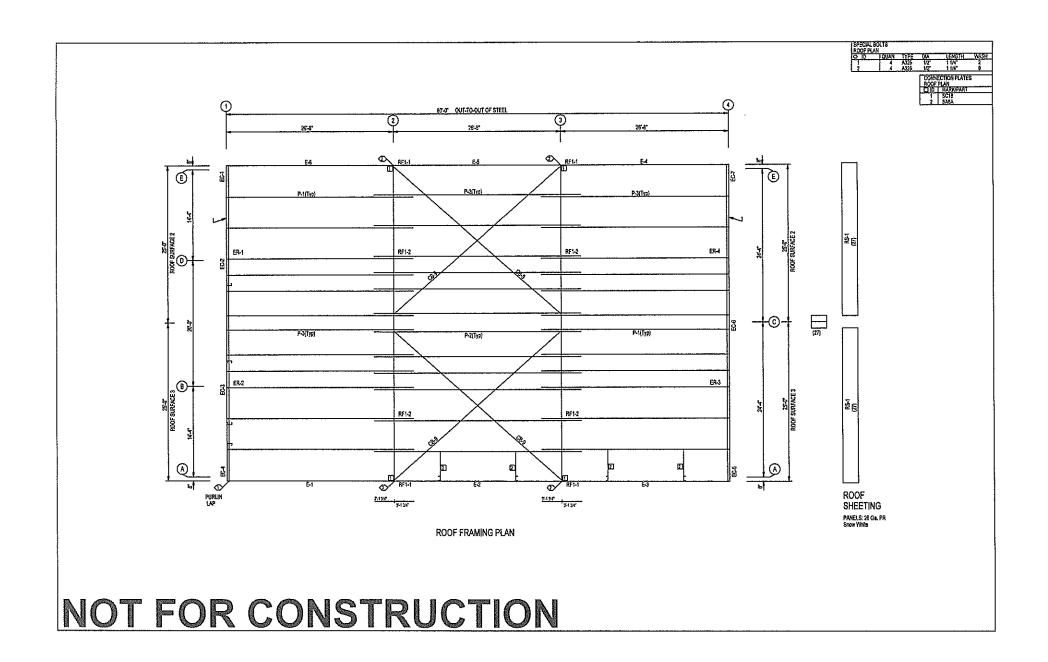


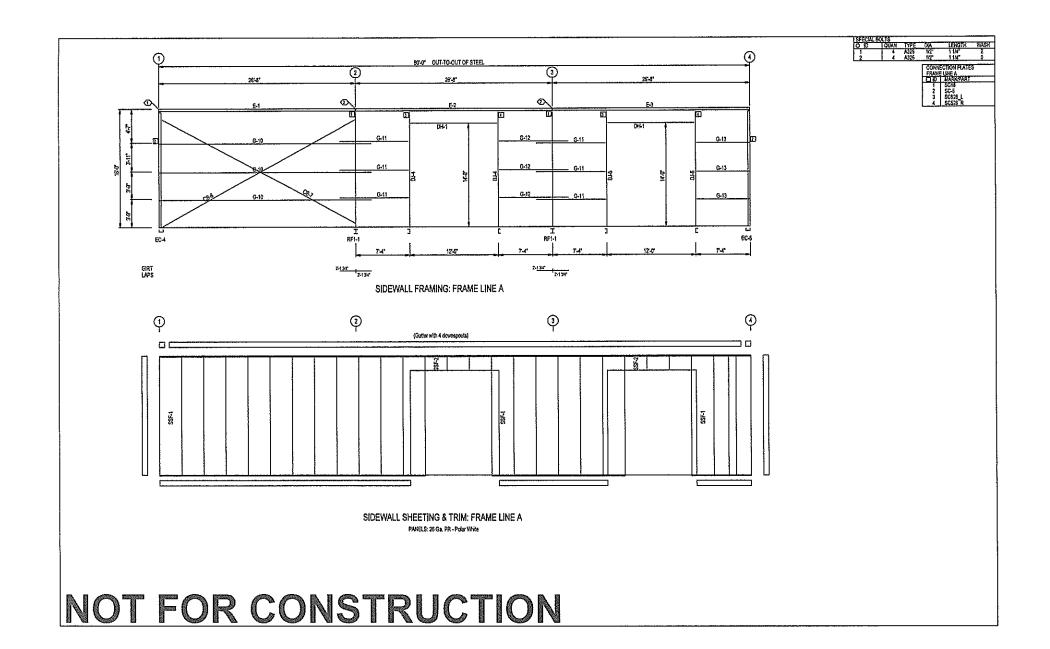
CALLE DE LA PLATA

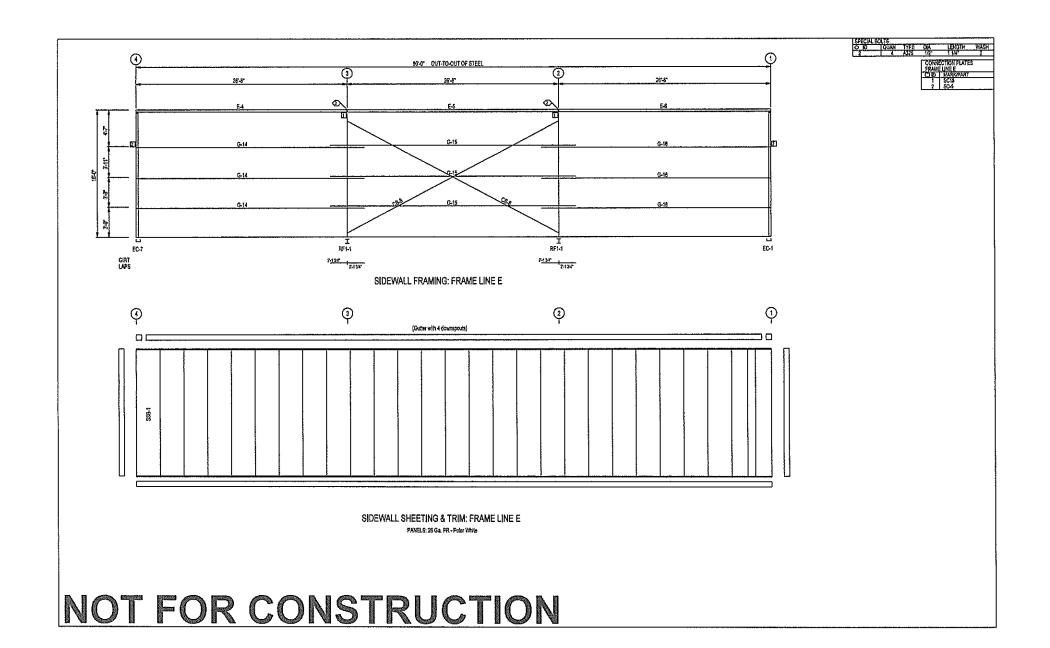


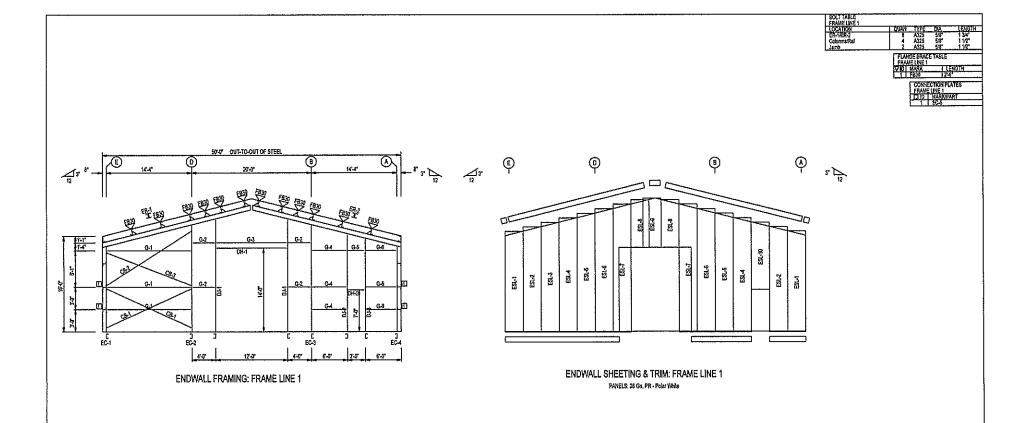




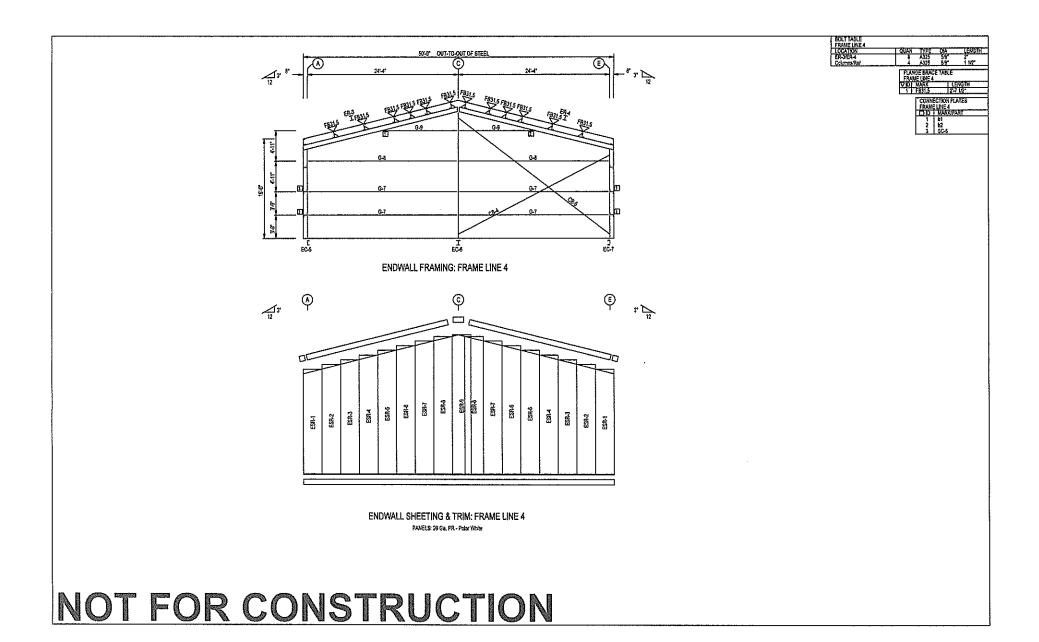


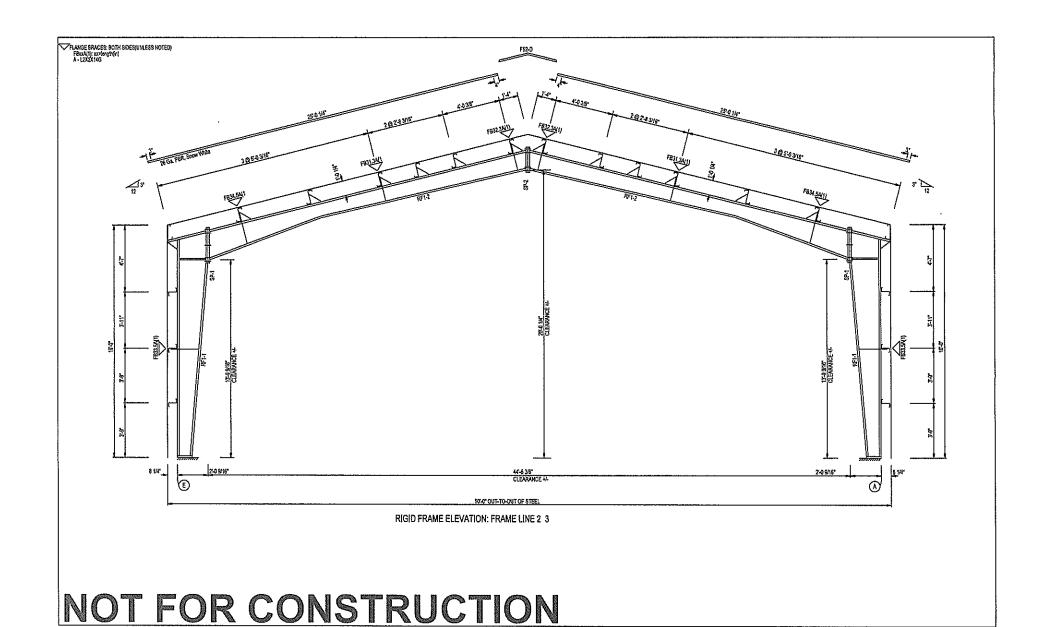






NOT FOR CONSTRUCTION





Washoe County Treasurer Tammi Davis Washoe County Treasurer P.O. 6ox 30039. Reno, NV 89520-3039 ph (775) 328-2510 fax (775) 326-2500 Email. tax@washoecounty.us

Account Detail

Back to Account Detail Change of Address Print this Page Washoe County Parcel Information Parcel ID Status Last Update 53456114 Active 10/13/2017 2:09:35 **Current Owner:** SITUS: CROSSLEY, SANDRA N & JONATHAN A 401 CALLE DE LA PLATA WCTY NV 401 CALLE DE LA PLATA SPARKS, NV 89441 **Taxing District** Geo CD: Legal Description Township 21 Section Lot 2 SubdivisionName _UNSPECIFIED Block Range 20

Tax Year	Net Tax	Total Paid	Penalty/Fees	Interest	Balance Due
2017	\$1,559.24	\$390.04	\$15.59	\$0.00	\$1,184.79
2016	\$1,519.59	\$1,519.59	\$0.00	\$0.00	\$0.00
2015	\$1,516.40	\$1,516.40	\$0.00	\$0.00	\$0.00
2014	\$1,469.38	\$1,469.38	\$0.00	\$0.00	\$0.00
2013	\$1,426.58	\$1,426.60	\$0.00	\$0.00	\$0.00
				Total	\$1,184.7

Important Payment Information

- <u>ALERTS:</u> If your real property taxes are delinquent, the search results displayed may not reflect the correct amount owing. Please contact our office for the current amount due.
- For your convenience, online payment is available on this site. E-check payments are accepted without a fee. However, a service fee does apply for online credit card payments. See Payment Information for details.

Pay Online
Payments will be applied to the oldest charge first.
Select a payment option:
© Total Due \$1,184.79 O Oldest Due \$405.33 O Partial
AÖD TO CART

\$0.00	
	Character Service of Control of C

Pay By Check

Please make checks payable to: WASHOE COUNTY TREASURER

Mailing Address: P.O. Box 30039 Reno, NV 89520-3039

Overnight Address: 1001 E. Ninth St., Ste D140 Reno, NV 89512-2845









The Washoe County Treasurer's Office makes every effort to produce and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use, or its interpretation. If you have any questions, please contact us at (775) 328-2510 or tax@washoecounty.us

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