<u>Original</u>

Community Services Department Planning and Building VARIANCE APPLICATION



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

Telephone: 775.328.6100

Gil Spencer PO Box 5619 Incline Village, NV 89450

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

To: The Planning Commission:

This letter is in regards to a setback variance request for 842 Jennifer Street, Incline Village, NV 89451. APN: 125-220-20.

We are proposing to add 2 rooms on the 2nd and 3rd story to the front of the existing building. The current building is 35' from the street. The property line shows a setback to the building of 20'. The two rooms on the 2nd and 3rd story that we are proposing are 5' over this setback and 5' from the face of the existing building.

In my naive view of 110.80.25 we find the special circumstances described in (a) to be

1. Exceptional narrowness, shallowness or shape of the specific piece of property

a) The total width of the lot is only 54.88ft which is a narrow lotb) The property line and the setback line are angled at the front of the property relative to the face of the house.

2. By reason of exceptional topographic conditions The defining characteristic of this neighborhood are the views of Lake Tahoe. These rooms are our only option for maximizing the view potential of the site and the livability of the house.

3. Other extraordinary and exceptional situation or condition of the property and/or location of surroundings

The house is set back much further than most of the neighbors' houses with a much longer driveway. We measure 35' from the house to the edge of paving on the road. When we look at the existing surveys and recorded property maps, we measure 20' from the actual property line to the house. We are proposing to go an additional 5ft forward from the front of the building (only on the 2nd and 3rd story) which would bring the property to 30' from the road and 15ft form the recorded property line.

Thank you for reviewing this application. Please call or email if there is anything that I can add or do.

Regards,

Gil Spencer gil@alpinelogic.net (408) 204-6561

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:	
Project Address:	
Project Area (acres or square feet):	
Project Location (with point of reference to m	ajor cross streets AND area locator):
Assessor's Parcel No.(s): Parcel Ac	reage: Assessor's Parcel No.(s): Parcel Acreage:
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:	Name:
Address:	Address:
Zip:	Zip:
Phone: Fax:	Phone: Fax:
Email:	Email:
Cell: Other:	Cell: Other:
Contact Person:	Contact Person:
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):

Applicant Name: _____

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 that the application is deemed complete and will be processed.

STATE OF NEVADA

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COUNTY OF WASHOE

I,_____

(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_____

Signed

Address

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

(Notary Stamp)

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.)
- Dever of Attorney (Provide copy of Power of Attorney.)
- Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

Variance Application Supplemental Information

(All required information may be separately attached)

1. What provisions of the Development Code (e.g. front yard setback, height, etc.) must be waived or varied to permit your request?

You must answer the following questions in detail. Failure to provide complete and accurate information will result in denial of the application.

- 2. What are the topographic conditions, extraordinary or exceptional circumstances, shape of the property or location of surroundings that are unique to your property and, therefore, prevent you from complying with the Development Code requirements?
- 3. What steps will be taken to prevent substantial negative impacts (e.g. blocking views, reducing privacy, decreasing pedestrian or traffic safety, etc.) to other properties or uses in the area?
- 4. How will this variance enhance the scenic or environmental character of the neighborhood (e.g. eliminate encroachment onto slopes or wetlands, provide enclosed parking, eliminate clutter in view of neighbors, etc.)?
- 5. What enjoyment or use of your property would be denied to you that is common to other properties in your neighborhood?
- 6. Are there any restrictive covenants, recorded conditions or deed restrictions (CC&Rs) that apply to the area subject to the variance request?
 - □ Yes □ No

If yes, please attach a copy.

- 7. How is your current water provided?
- 8. How is your current sewer provided?

