

Community Services Department  
Planning and Building  
**SHORT TERM RENTALS  
ADMINISTRATIVE REVIEW  
APPLICATION**



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

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.

<b>Project Information</b>		<b>Staff Assigned Case No.:</b> _____	
Project Name: WSTR000176-APP-2021			
Project Description: STR Tier 2 Permitting			
Project Address: 1011 Lakeshore Blvd., Incline Village, NV			
Project Area (acres or square feet): 4,600 Sq Ft.			
Project Location (with point of reference to major cross streets <b>AND</b> area locator): Lakeshore Blvd. & Country Club Drive			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
130-230-34	1.84		
<b>Indicate any previous Washoe County approvals associated with this application:</b> Case No.(s).			
<b>Applicant Information</b> (attach additional sheets if necessary)			
<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name: Incline TSS LTD		Name:	
Address: 9190 Double Diamond Pkwy Ste. 138		Address:	
Zip:89521		Zip:	
Phone:	Fax:	Phone:	Fax:
Email: tjaksick@gmail.com		Email:	
Cell: 77577712122	Other:	Cell:	Other:
Contact Person: Todd Jaksick		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
Name: Tahoe Luxury Properties		Name:	
Address: 135 West River Rd., Tahoe City, CA		Address:	
Zip: 96145		Zip:	
Phone: 5305843449	Fax:	Phone:	Fax:
Email: operations@tluxp.com		Email:	
Cell:	Other:	Cell:	Other:
Contact Person: Stephanie Hoffman		Contact Person:	
<b>For Office Use Only</b>			
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

# Property Owner Affidavit

**Applicant Name:** Incline TSS LTD

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     )  
  )  
COUNTY OF WASHOE    )

I, Todd Jaksick

(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): 130-230-34

Printed Name TODD JAKSICK

Signed Todd J

Address 9190 DOUBLE DIAMOND PKWY # 138  
RENO NV 89521

State of Nevada  
County of Washoe

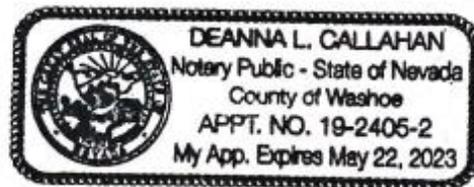
Subscribed and sworn to before me this  
8 day of October, 2021.

Deanna Callahan

Notary Public in and for said county and state

My commission expires: 05/22/2023

(Notary Stamp)



\*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.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

# 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)?

2,274.26 sq. ft.

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?.

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

N/A

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?

No negative impact expected but will address and correct if necessary.

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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