

# 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.

Staff Assigned Case No.: WSTR000435-APP2021

## Project Information

Project Name: Tier 2 Vacation Rental

Project Description:

Project Address: 623 Woodridge Circle Incline Village

Project Area (acres or square feet): 5800

Project Location (with point of reference to major cross streets AND area locator):  
Highway 28 + Mount Rose 431

Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<u>122-052-10</u>	<u>1/2 acre</u>		

Indicate any previous Washoe County approvals associated with this application:  
Case No.(s):

## Applicant Information (attach additional sheets if necessary)

<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name: <u>Wade and Nancy Hampton</u>		Name:	
Address: <u>2410 Wild Lilac Ct</u>		Address:	
Meadow Vista, CA Zip: <u>95722</u>		Zip:	
Phone: <u>916-899-8801</u> Fax:		Phone: Fax:	
Email: <u>nancyh2410@gmail.com</u>		Email:	
Cell: Other:		Cell: Other:	
Contact Person:		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
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):

**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)?

3,586 sq ft (Total sq ft is 5,700 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?.

Minimum of 5 spaces are available for guests.  
No improvements are needed.

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

no new structures

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?

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 impact

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.
------------------------------	--	-----------------------------------

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.
------------------------------	--	-------------------------------

# Washoe County Short Term Rentals (STR) Application

Your entire application is a public record.

## SHORT TERM RENTAL INFORMATION (\* = required)

See STR Permit Guide

**\*STR Address:** 623 Woodridge Circle Incline Village, NV 89451

**\*Unit # (If Applicable):**

**\*Assessor Parcel Number (APN):**

#122-052-10

**\*Square Footage of Dwelling:**

6000

*(Habitable space only- see STR Permit Application Guide)*

**\*Maximum Number of Occupants:** 14

**Transient Lodging Tax (TLT) Number:**

*(partial home rental as exempt, see STR Permit Guide)*

**\*# of Paved Parking Spaces:** 7

**# of Unpaved Parking Spaces:** 0

## Applicant Information (attach additional sheets if necessary) (\* = required)

**\*Property Owner:**

**Property Manager, if applicable:**

**\*Name:** Wade and Nancy Hampton

Name:

**\*Address:** 2410 Wild Lilac Court

Address:

\*Zip: 95722

Zip:

Phone: 530-878-1088 Fax:

Phone:

Fax:

**\*Email:** nancyh2410@gmail.com

Email:

**\*Cell:** 916-~~878~~8801 Other:

Cell:

Other:

Contact Person: *NANCY HAMPTON*

Contact Person:

**\*Local Responsible Party:** (available 24/7)

**Other Persons to be Contacted:**

**\*Name:** Laurie Sweeting

Name:

**\*Address:** 2410 Wild Lilac Court

Address:

\*Zip: 95722

Zip:

**\*Phone:** 916-390-2359 Fax:

Phone:

Fax:

**\*Email:** californiavacationrentals1@gmail.com

Email:

**\*Cell:** 916-390-2359 Other:

Cell:

Other:

Phone must be text enabled

Contact Person:

## For Office Use Only

Date Received:

Initial:

Master Plan Designation(s):

County Commission District:

Regulatory Zoning(s):

Planning Area:

Tier:

STATE OF NEVADA )  
 )  
COUNTY OF WASHOE )

I, NANCY HAMPTON  
(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 the Washoe County Planning and Building Division.

**(A separate Affidavit must be provided by each property owner named in the title report.)**

Assessor Parcel Number(s): # 122-052-10

Printed Name: NANCY HAMPTON

Signed: Nancy Hampton

Address: 2410 WILD LILAC CT. MEADOW VISTA, CA 95722

Subscribed and sworn to before me this 9th day of AUGUST, 2021

(Notary Stamp)

Notary Public in and for said county and state  
Stevie Herrera  
My commission expires: 10/12/2021





[Return](#)[New Search](#)[Change of Address](#)[Print Page](#)[Assessment Data](#)

## Account Information

**Parcel/Identifier:** 12205210**Status:** Active

Last Update: 5/23/2022 3:45:31 PM

**Owner:** HAMPTON, WADE & NANCY**Property Address:** 623 WOODRIDGE  
CIR INCL

## Tax Bills

Add to cart then select cart icon (  ) above to checkout.

Total Due: **\$0.00**Pay Partial: 

## [-] Paid Bills

**2021 | BILL NO.: 2021279171 | PROPERTY TYPE: REAL | NET TAX: \$13,590.54**

PAID

[Payment History Tax Breakdown](#)**2020 | BILL NO.: 2020452897 | PROPERTY TYPE: REAL | NET TAX: \$13,546.82**

PAID

[Payment History Tax Breakdown](#)**2019 | BILL NO.: 2019094853 | PROPERTY TYPE: REAL | NET TAX: \$13,188.19**

PAID

[Payment History Tax Breakdown](#)**2018 | BILL NO.: 2018087936 | PROPERTY TYPE: REAL | NET TAX: \$13,023.64**

PAID

[Payment History Tax Breakdown](#)**2017 | BILL NO.: 2017096821 | PROPERTY TYPE: REAL | NET TAX: \$12,668.56**

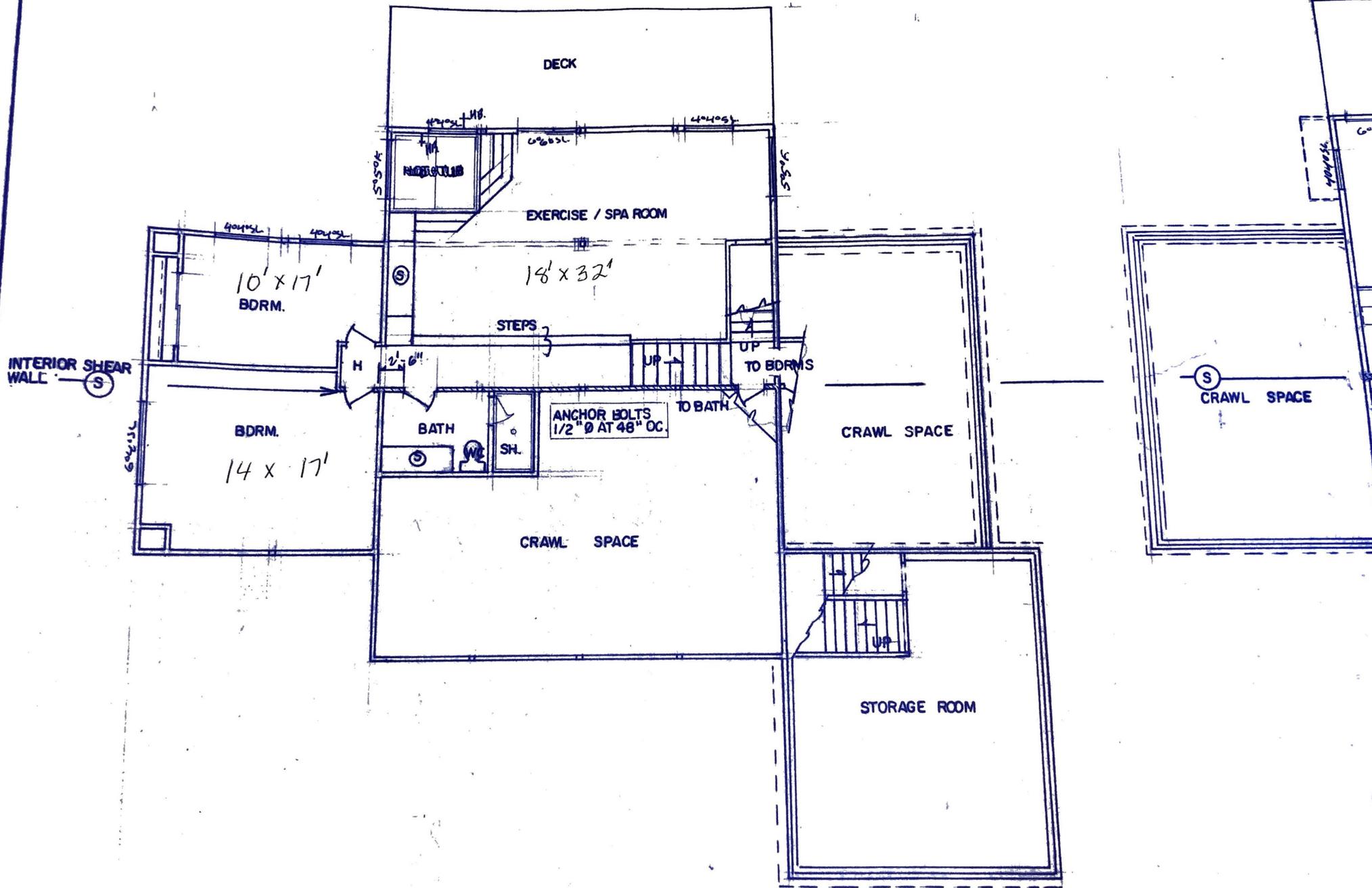
PAID

[Payment History Tax Breakdown](#)

### **i** Attention: Important Information, please be advised:

- ALERTS:** 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.
- If payment confirmation is not received, please check the "SPAM" folder in your e-mail account. Add "Payments@Bill2Pay.com" to your safe-senders list in order to ensure that the payment confirmation is routed to your inbox.





DECK

RIDGE SCULPT

EXERCISE / SPA ROOM

10' x 17'  
BDRM.

14' x 32'

STEPS

INTERIOR SHEAR WALL

BDRM.

14 x 17'

BATH

SH.

ANCHOR BOLTS  
1/2" Ø AT 48" OC.

TO BATH

UP  
TO BDRMS

CRAWL SPACE

CRAWL SPACE

STORAGE ROOM

S  
CRAWL SPACE

