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 | taff Assigned Case No.: | | | |
|---|------------------------|---------------------------------|-------------------|--|--|
| Project Name: Dubar Ponderosa House | | | | | |
| Project get planning approval for VRBO approval AND SHORT TERM RENTAL FOR 20 OCCUPANTS | | | | | |
| Project Address: 549 Ponderosa, Incline Village, NV 89451 | | | | | |
| Project Area (acres or square feet): OVERALL STRUCTURE: 10,222 SF, HABITABLE: 5,020 SF | | | | | |
| Project Location (with point of re | ference to major cross | streets AND area locator): | | | |
| Corner of Taho Blvd. and Lakeshore Blvd. | | | | | |
| Assessor's Parcel No.(s): | Parcel Acreage: | Assessor's Parcel No.(s): | Parcel Acreage: | | |
| 122-112-13 | .6167 ac. | | | | |
| | | | | | |
| Indicate any previous Washo Case No.(s). WSTR22-01 | | s associated with this applicat | ion: | | |
| Applicant Information (attach additional sheets if necessary) | | | | | |
| Property Owner: | | Professional Consultant: | | | |
| Name: Thomas C. Dubar Trust | | Name: | | | |
| Address: 774 Mays Blvd Ste 10 PMB 541 | | Address: | | | |
| Incline Village | Zip: 89451 | | Zip: | | |
| Phone: Fax: | | Phone: Fax: | | | |
| Email: courtney@massive | eprints.net | Email: | | | |
| Cell: 913.209.4345 | Other: | Cell: | Other: | | |
| Contact Person: Alec Carlb | erg | Contact Person: | | | |
| Applicant Developer: | | Other Persons to be Contacted: | | | |
| Name: BOB THORNTON | | Name: BOB THORNTON | | | |
| Address: PO BOX 1512 | | Address: PO BOX 1512 | | | |
| NEWPORT BEACH | | NEWPORT BEACH | <u>≨</u> ∂: 92659 | | |
| Phone: 949 650 9876 Fax: | | Phone: 949 650 9876 | Fax: | | |
| Email: RTAINC7@YAHOO.COM | | Email: RTAINC7@YAHOO.COM | | | |
| Cell: Other: | | Cell: | Other: | | |
| Contact Person: BOB THOR | NTON | Contact Person: BOB THOR | RNTON | | |
| | For Office | Use Only | | | |
| Date Received: Initial: | | Planning Area: | | | |
| County Commission District: | | Master Plan Designation(s): | | | |
| CAB(s): | | Regulatory Zoning(s): | | | |

Property Owner Affidavit

| Applicant Name: BOB THORNTON | | | | |
|---|--|--|--|--|
| •• | | | | |
| 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) HI3 | | | | |
| , COURTNEY DUBAR | | | | |
| (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): 122-112-13 | | | | |
| Printed Name Signed Address 549 Ponderuse Ave. | | | | |
| Incline Village, NV 89451 | | | | |
| Subscribed and sworn to before me this 24th day of August, 2022. (Notary Stamp) | | | | |
| Notary Public in and for said county and state LUCINDA P. ZUNIGA COMM. #2313267 NOTARY PUBLIC -CALIFORNIA- ORANGE COUNTY | | | | |
| My commission expires: 11/22/23 My Comm. Expires November 22, 2023 | | | | |
| *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 | | | | |

CERTIFICATION OF TRUST

OF

THE THOMAS COURTNEY DUBAR TRUST

I, the undersigned, declare:

- 1. The THOMAS COURTNEY DUBAR TRUST was created by Agreement of Trust executed on December 28, 2016 (hereinafter called the "Trust").
- 2. The Trust was created by THOMAS COURTNEY DUBAR, as Trustor, residing at 549 Ponderosa Ave Incline Village NV 89451.
- 3. The Trust is a grantor trust for federal and state income tax purposes and the Trust may use the social security number of the Trustor as its taxpayer identification number.
- 4. During the lifetime of the Trustor, the Trustor may amend or revoke the Trust in whole or in part.
- 5. The undersigned is currently acting as the sole Trustee of the Trust. The Trustor has provided for the appointment of successor Trustees when the undersigned is no longer able to serve as Trustee of the Trust.
 - 6. The Trustee has the power to manage and invest the Trust assets.
 - 7. Title to assets held by the Trust should be taken as follows:

THOMAS COURTNEY DUBAR, TRUSTEE OF THE THOMAS COURTNEY DUBAR TRUST DATED DECEMBER 28, 2016

- 8. The Trust has not been revoked, modified or amended in any manner that would cause the representations contained in this Certification to be incorrect.
- 9. This Certification is made in accordance with California Probate Code Section 18100.5. Any transaction entered into by a person acting in reliance on this Certification shall be enforceable against the Trust assets. PROBATE CODE SECTION 18100.5(h) PROVIDES THAT ANY PERSON WHO REFUSES TO ACCEPT THIS CERTIFICATION IN

LIEU OF THE ORIGINAL TRUST DOCUMENT WILL BE LIABLE FOR DAMAGES, INCLUDING ATTORNEYS' FEES, INCURRED AS A RESULT OF THAT REFUSAL, IF THE COURT DETERMINES THAT THE PERSON ACTED IN BAD FAITH IN REQUESTING THE TRUST DOCUMENT.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 30th day of November, 2022, at Seal Beach, California.

TRUSTEE:

THOMAS COURTNEY DUBAR

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

| STATE OF CALIFORNIA |) |
|----------------------|--|
| COUNTY OF ORANGE |) |
| On November 30, 2022 | , before me, LICHAR! TUNISA d THOMAS COURTNEY DUBAR, who proved |

Notary Public, personally appeared THOMAS COURTNEY DUBAR, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

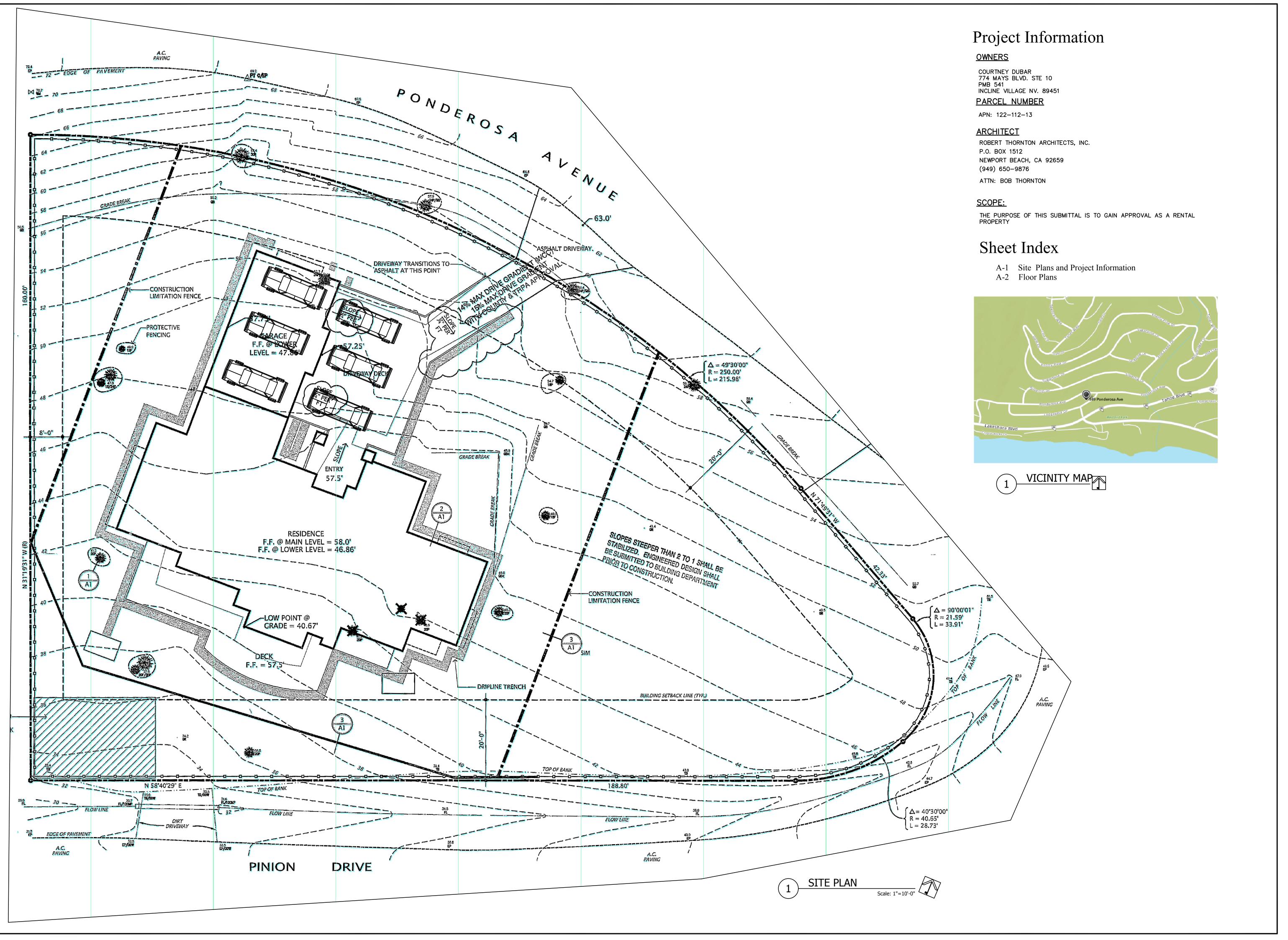
Signature: Muchany Public P. Zaman

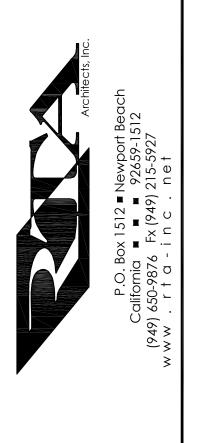
LUCINDA P. ZUNIGA COMM. #2313267

NOTARY PUBLIC -CALIFORNIA-ORANGE COUNTY My Comm. Expires November 22, 2023

Administrative Review Permit Application for a Short Term Rental Supplemental Information (All required information may be separately attached)

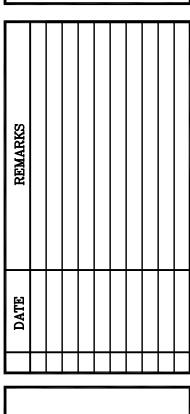
| 1. | What is the square footage of habitable area of the proposed short term rental (exclude bathrooms, hallways, garage, etc)? | | | | | |
|----|---|----------|---|--|--|--|
| | 5,020 s | sf habit | able, 10,222 sf overall | | | |
| 2. | How many off-street parking spaces are available? Parking spaces must be shown on site pany new roadway, driveway, or access improvements be required?. | | | | | |
| | 6 spac | es see | site plan on sheet A-1 | | | |
| 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. A any new roadway, driveway, or access improvements be required? | | | | | |
| | (6) no | new im | provements | | | |
| 6. | What will you do to minimize any potential negative impacts (e.g. increased lighting, removexisting vegetation, etc.) your project may have on adjacent properties? | | | | | |
| | N/A | | | | | |
| 7. | Is the subject property part of an active Home Owners Association (HOA) or Architectural Contro Committee? | | | | | |
| | ☐ Yes | ■ No | If yes, please list the HOA name. | | | |
| 8. | | | covenants, recorded conditions, or deed restrictions (CC&Rs) that may all on your property? | | | |
| | ☐ Yes | ■ No | If yes, please attach a copy. | | | |



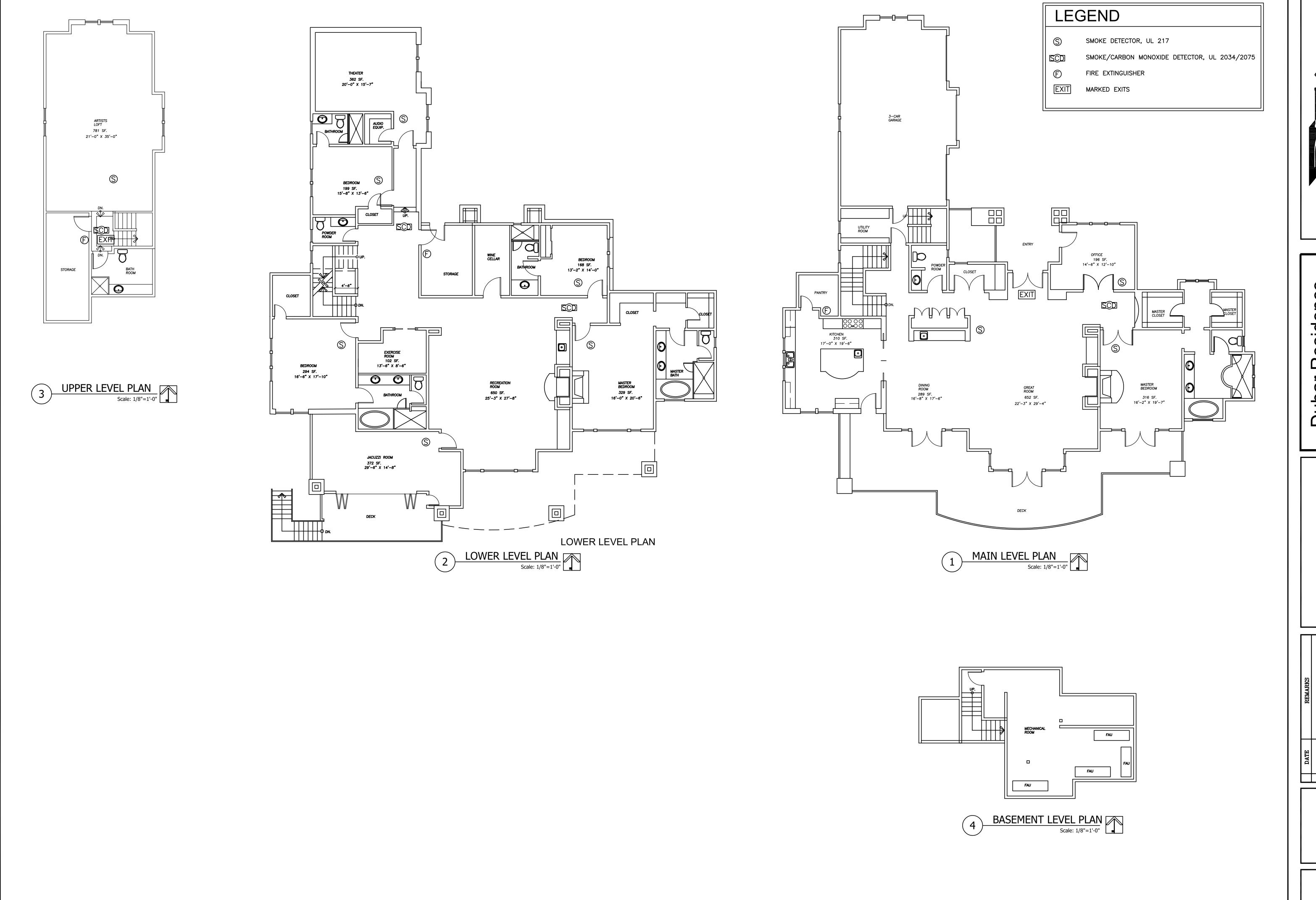


549 Ponderosa Ave.

SITE PLAN



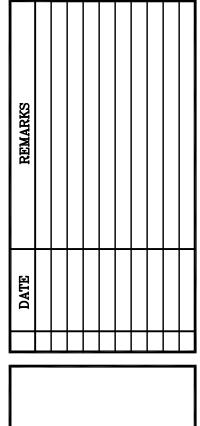
SHEET **A-1**



P.O. Box 1512 ■ Newport Beach
California ■ ■ 92659-1512
(949) 650-9876 Fx (949) 215-5927
w w w . r t a - i n c . n e t

Dubar Residence 549 Ponderosa Ave. Incline Village, NV 89451

> FLOOR PLANS



SHEET
A-2