

Community Services Department
Planning and Building
ADMINISTRATIVE REVIEW
PERMIT 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.

Project Information		Staff Assigned Case No.: _____	
Project Name: <u>Latigo shop</u>			
Project Description: <u>36' x 72' metal building</u>			
Project Address: <u>4159 Latigo Dr. Reno, NV 89519</u>			
Project Area (acres or square feet): _____			
Project Location (with point of reference to major cross streets AND area locator): <u>Juniper Hills lot 2 block B, cross canyon dr mayberry Dr.</u>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<u>009-082-09</u>	<u>.93</u>		
Section(s)/Township/Range: <u>Township 19, Range 19</u>			
Indicate any previous Washoe County approvals associated with this application: Case No.(s): <u>98-1248</u>			
Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:	
Name: <u>Krista Waddington</u>		Name: _____	
Address: <u>4159 Latigo Dr</u>		Address: _____	
<u>Reno NV</u> Zip: <u>89519</u>		Zip: _____	
Phone: <u>775-772-0846</u> Fax: _____		Phone: _____ Fax: _____	
Email: <u>kristawaddington@yale.com</u>		Email: _____	
Cell: <u>775-772-0846</u> Other: _____		Cell: _____ Other: _____	
Contact Person: _____		Contact Person: _____	
Applicant/Developer:		Other Persons to be Contacted:	
Name: _____		Name: <u>Ron Price</u>	
Address: _____		Address: <u>739 Silver Run Dr.</u>	
Zip: _____		<u>Reno, NV</u> Zip: <u>89521</u>	
Phone: _____ Fax: _____		Phone: <u>775-741-8045</u> Fax: _____	
Email: _____		Email: <u>rpriceguy2@msn.com</u>	
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

Supplemental Information

(All required information may be separately attached)

1. Describe the type of development that is proposed (e.g. accessory dwelling unit, accessory structure, etc.)

accessory structure - workshop

2. If this proposed administrative review permit application is for an accessory dwelling or structure, what is the square footage of the proposed building? If the building is a manufactured or modular home, also list the age and size of the unit.

2,592 sq ft

3. How are you planning to integrate the proposed building to provide architectural compatibility with the subject property and neighborhood?

The structure will be visually compatible with the neighborhood, including color and style, high quality.

5. How many off-street parking spaces are available? Parking spaces must be shown on site plan. Will any new roadway, driveway, or access improvements be required?

no off street spaces needed, no new driveway needed

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?

structure is replacing an old barn, existing vegetation was primarily weeds, new structure will improve the site.

7. If your project falls under WCC 110.220.60 Sitting on Corner and Sloped Lots, address how the project meets the requirements of WCC 110.220.60(a)(1-6).

8. Is the proposed building intended to be used for a business or as a short term rental (STR)? If so, have you obtained a business license or STR permit?

N/A

9. 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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10. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that may prohibit a detached accessory dwelling on your property?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please attach a copy.
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11. Only one accessory dwelling unit, whether attached or detached, is allowed per parcel. Is there a guest apartment, mother-in-law unit, next-gen addition with kitchen or any other type of secondary dwelling on the subject property?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please provide information on the secondary unit.
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12. List who the service providers are for the main dwelling and accessory dwelling:

	Main Dwelling	Accessory Dwelling
Sewer Service		
Electrical Service	NV Energy	
Solid Waste Disposal Service		
Water Service	THWA	

Kevin 36x72 North Coast Barns / Reno, Here is Your Building Package

Customer Details

Quote Reference #	1034169263
Date	2/26/2026
Customer Name	Kevin 36x72 North Coast Barns / Reno
Mail Address	4159 Latigo Dr, Reno NV
Email Address	
Phone	
Mobile	

Building Specifications

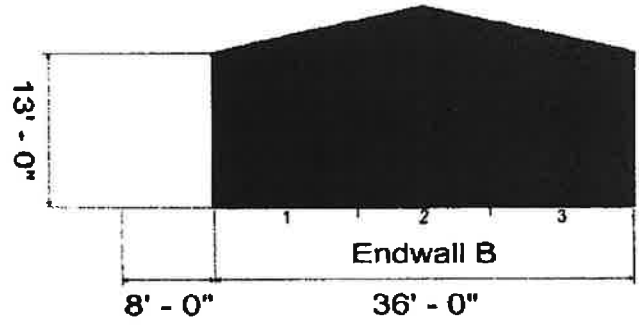
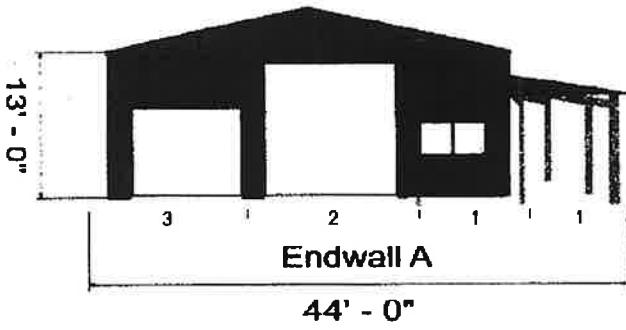
Building Size	72' - 0" (L) x 36' - 0" (W) x 13' - 0" (H)
Leanto A	22' - 8 5/16" (L) x 8' - 0" (W) x 9' - 0" (H)
Leanto B	N/A (L) x N/A (W) x N/A (H)
Roof Pitch	2.55:12
Wall Cladding	PBR-Panel 26G Painted
Wall Color	Burnished Slate (49)
Roof Cladding	PBR-Panel 26G Painted
Roof Color	Matte Black (106) Gable Matte Black (106) Gutters Matte Black (106)
Trim & Color Details	Downpipe Matte Black (106) Ridge Cap Matte Black (106) Corner Trim Matte Black (106)
Roller Doors	None
Access Doors	Two Walk Doors 3x7
Windows	None
Other Inclusions	None N/A

Approved- X _____

ELEVATIONS

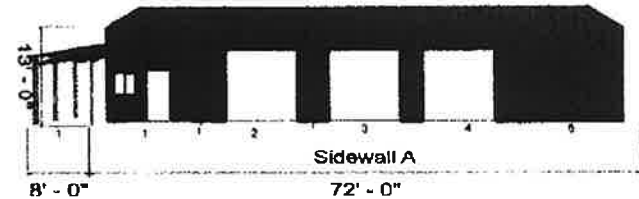
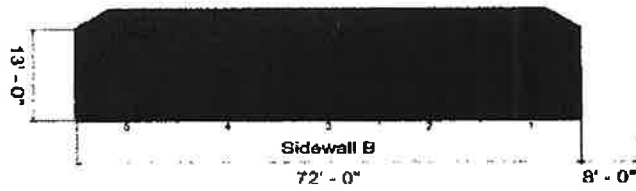
Front

Rear



Left Side

Right Side

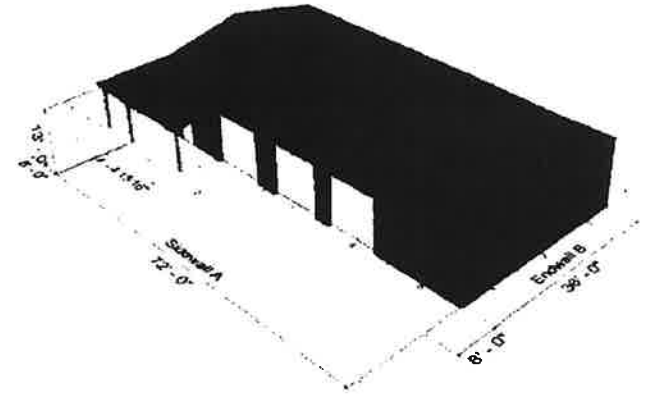
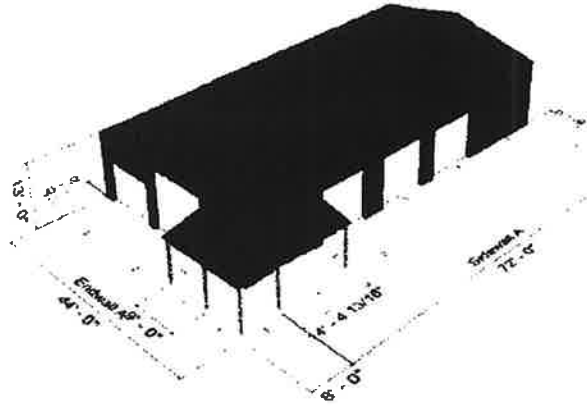


Approved- X _____

EXTERNAL BUILDING VIEWS

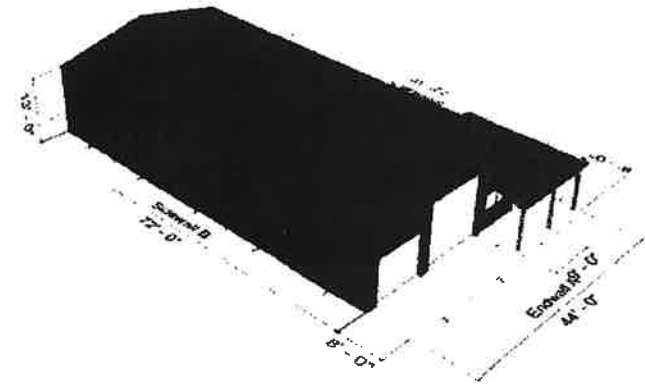
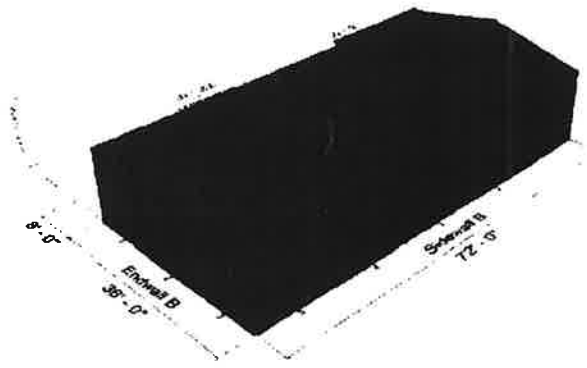
A

B



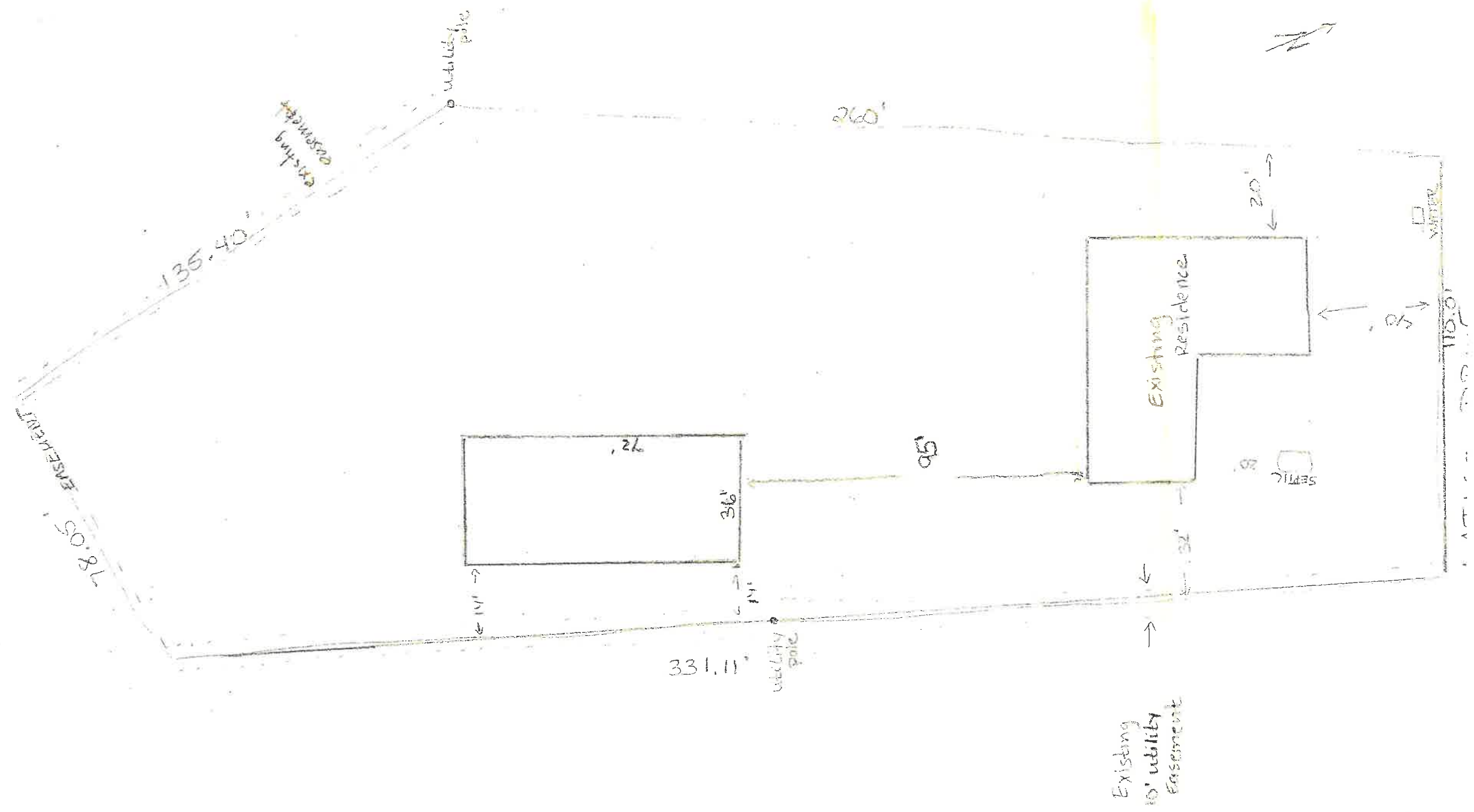
C

D



Approved- X _____

Waddington
4159 Loring Dr.



1" = 30'
SCALE
approx.

Waddington
4159 Latip Dr.



1" = 30'
SCALE
APPROX.