

## 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>                                                                                                                                                            |                 | Staff Assigned Case No.: _____        |                 |
| Project Name: <b>NKSE - Seck Detached Garage &amp; ADU</b>                                                                                                                            |                 |                                       |                 |
| Project Description: Construct a new detached garage with living space below. The garage is proposed to be 1315sf and the ADU is 867sf.                                               |                 |                                       |                 |
| Project Address: 607 Crystal Peak Rd. Incline Village, NV 89451                                                                                                                       |                 |                                       |                 |
| Project Area (acres or square feet): approximately 2,500sf                                                                                                                            |                 |                                       |                 |
| Project Location (with point of reference to major cross streets <b>AND</b> area locator):<br><b>607 Crystal Peak Rd, near the intersection of Crystal Peak &amp; Lakeshore Blvd.</b> |                 |                                       |                 |
| Assessor's Parcel No.(s):                                                                                                                                                             | Parcel Acreage: | Assessor's Parcel No.(s):             | Parcel Acreage: |
| 122-129-11                                                                                                                                                                            | 0.418           |                                       |                 |
| Section(s)/Township/Range: Lakeview Lot 3 Block A Section 17/Township 16/Range 18                                                                                                     |                 |                                       |                 |
| Indicate any previous Washoe County approvals associated with this application:<br>Case No.(s).                                                                                       |                 |                                       |                 |
| <b>Applicant Information</b> (attach additional sheets if necessary)                                                                                                                  |                 |                                       |                 |
| <b>Property Owner:</b>                                                                                                                                                                |                 | <b>Professional Consultant:</b>       |                 |
| Name: Nathaniel & Kimberly Seck                                                                                                                                                       |                 | Name: Elise Fett & Associates, Ltd.   |                 |
| Address:                                                                                                                                                                              |                 | Address:                              |                 |
| Zip:                                                                                                                                                                                  |                 | Zip:                                  |                 |
| Phone:                                                                                                                                                                                | Fax:            | Phone:                                | Fax:            |
| Email:                                                                                                                                                                                |                 | Email:                                |                 |
| Cell:                                                                                                                                                                                 | Other:          | Cell:                                 | Other:          |
| Contact Person: Nathaniel Seck                                                                                                                                                        |                 | Contact Person: Elise Fett            |                 |
| <b>Applicant/Developer:</b>                                                                                                                                                           |                 | <b>Other Persons to be Contacted:</b> |                 |
| Name: Elise Fett & Associates, Ltd.                                                                                                                                                   |                 | Name:                                 |                 |
| Address:                                                                                                                                                                              |                 | Address:                              |                 |
| Zip:                                                                                                                                                                                  |                 | Zip:                                  |                 |
| Phone:                                                                                                                                                                                | Fax:            | Phone:                                | Fax:            |
| Email:                                                                                                                                                                                |                 | Email:                                |                 |
| Cell:                                                                                                                                                                                 | Other:          | Cell:                                 | Other:          |
| Contact Person: Julie Soules                                                                                                                                                          |                 | 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):                 |                 |

# 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.)

This project proposes a new detached garage with accessory dwelling unit below.

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.

The proposed structure is 2,182sf with 867sf of living space that includes an ADU and a gym.

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

The proposed structure is part of a larger project that includes a remodel and addition to the existing residence. The proposed structure has been designed to be harmonious with the existing remodeled residence. The design style is consistent with other homes in the neighborhood.

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?

There are 4 parking spaces in the garage and 1 in the driveway for a total of 5 proposed parking spaces.

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?

To the maximum extent possible the existing vegetation is being retained. The proposed structure appears as a single story at the road and natural stone and earthtoned finishes are proposed to be so that the structure blends rather than contrast with the surrounding forest.

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).

n/a

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?

It is intended to be a long term rental.

9. Is the subject property part of an active Homeowners Association (HOA) or Architectural Control Committee?

|                              |                                        |                                   |
|------------------------------|----------------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, please list the HOA name. |
|------------------------------|----------------------------------------|-----------------------------------|

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

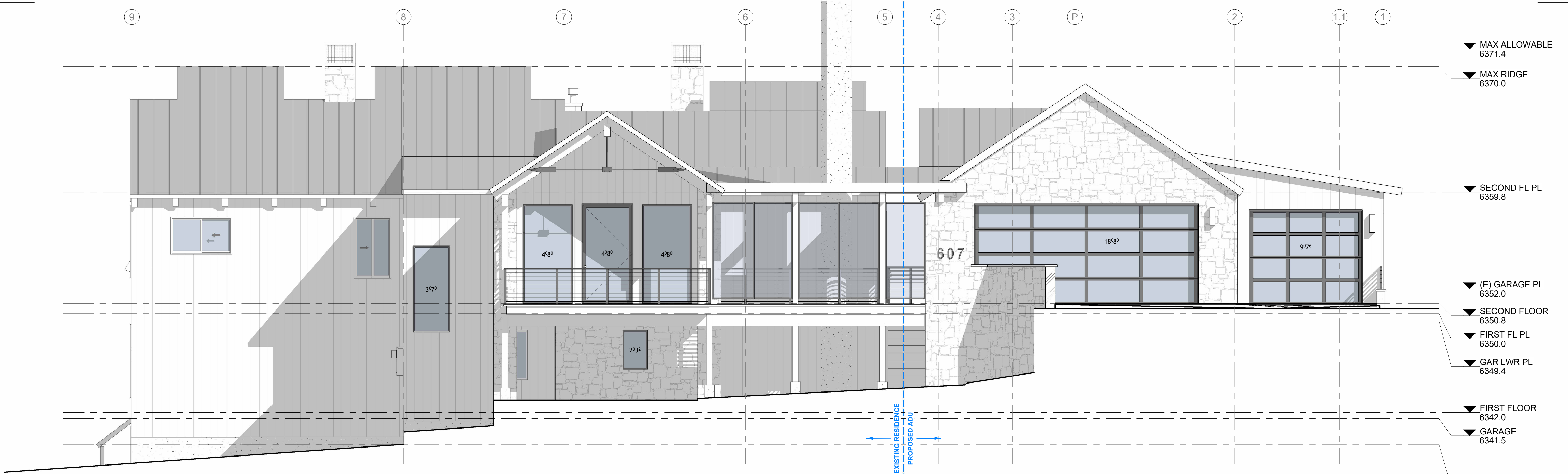
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, please attach a copy. |
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11. Only one accessory dwelling unit, whether attached or detached, is allowed per parcel. 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?

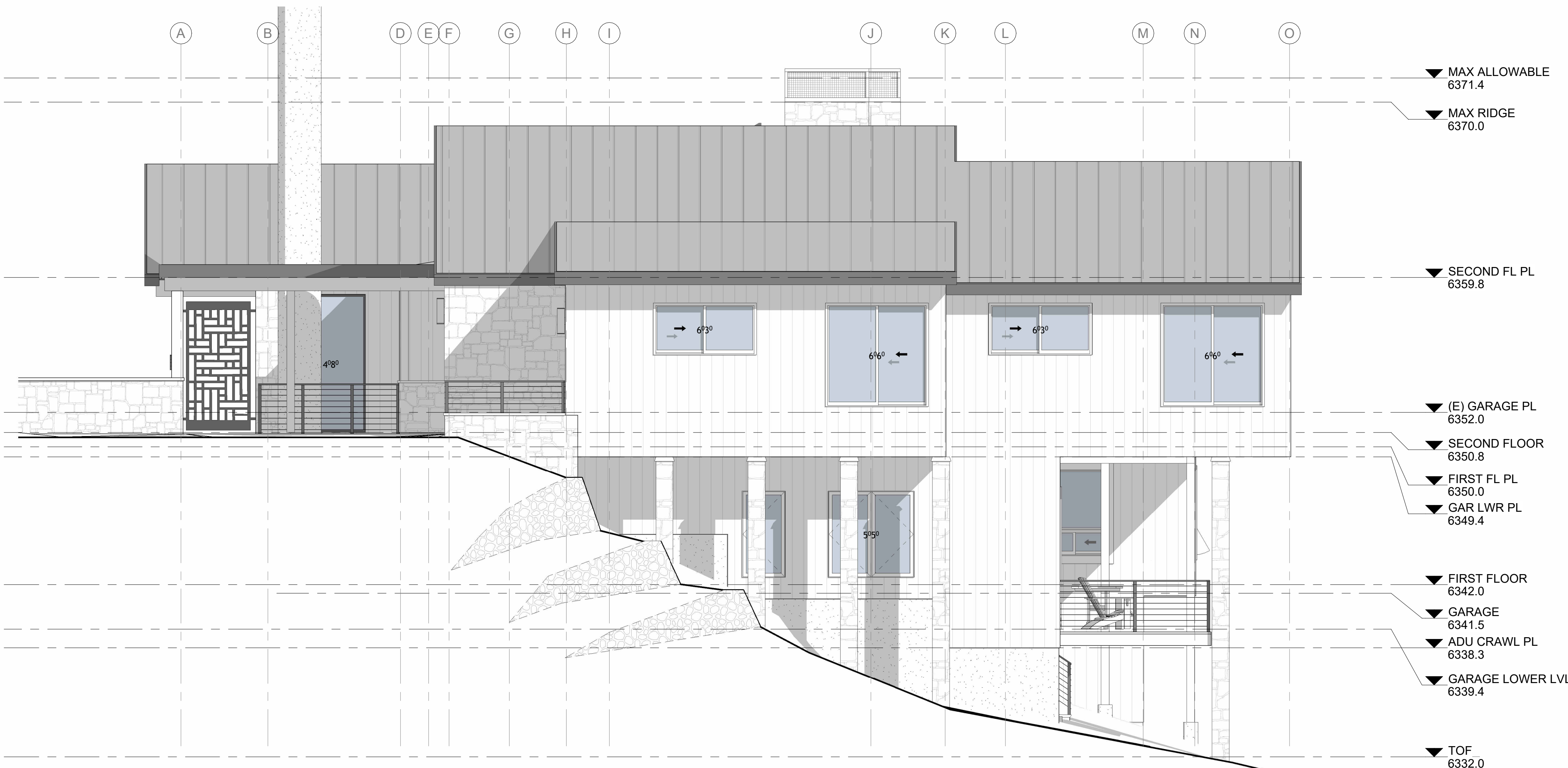
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| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | If yes, please provide information on the secondary unit. |
|------------------------------|----------------------------------------|-----------------------------------------------------------|

12. List who the service providers are for the main dwelling and accessory dwelling (if applicable):

|                              | Main Dwelling    | Accessory Dwelling |
|------------------------------|------------------|--------------------|
| Sewer Service                | IVGID            | IVGID              |
| Electrical Service           | NV Energy        | NV Energy          |
| Solid Waste Disposal Service | Waste Management | Waste Management   |
| Water Service                | IVGID            | IVGID              |



2 NORTH ELEVATION PROPOSED  
1/4" = 1'-0"



1 WEST ELEVATION PROPOSED  
1/4" = 1'-0"

| REVISIONS |      |    |
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- ENGINEERING
- INTERIORS
- TRPA

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& ASSOCIATES, LTD.

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FAX: (775) 833-2388  
elise@elisefett.com  
P.O. BOX 5989  
INCLINE VILLAGE  
NEVADA 89450

PRELIMINARY  
NOT FOR  
CONSTRUCTION

SECK REMODEL & ADDITION

607 CRYSTAL PEAK RD  
INCLINE VILLAGE, NV 89451  
WASHOE COUNTY  
APN: 122-129-11

SCALE: 1/4" = 1'-0"

JOB NO: Project Number

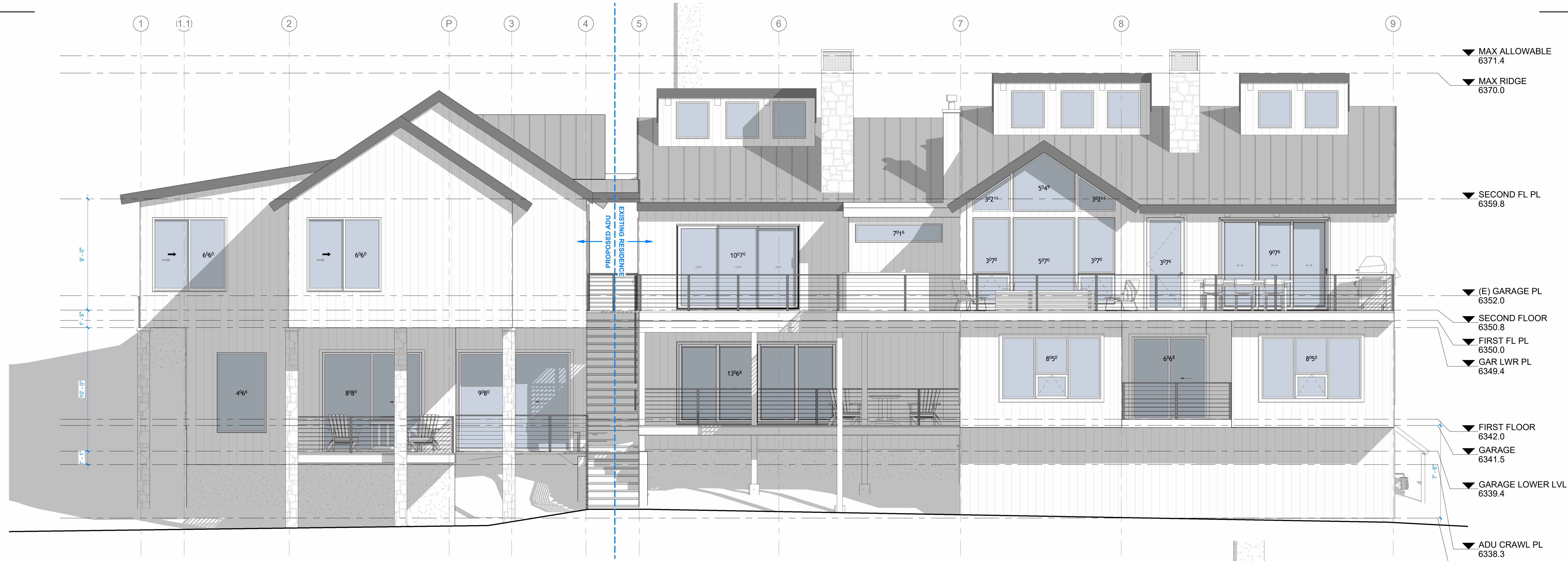
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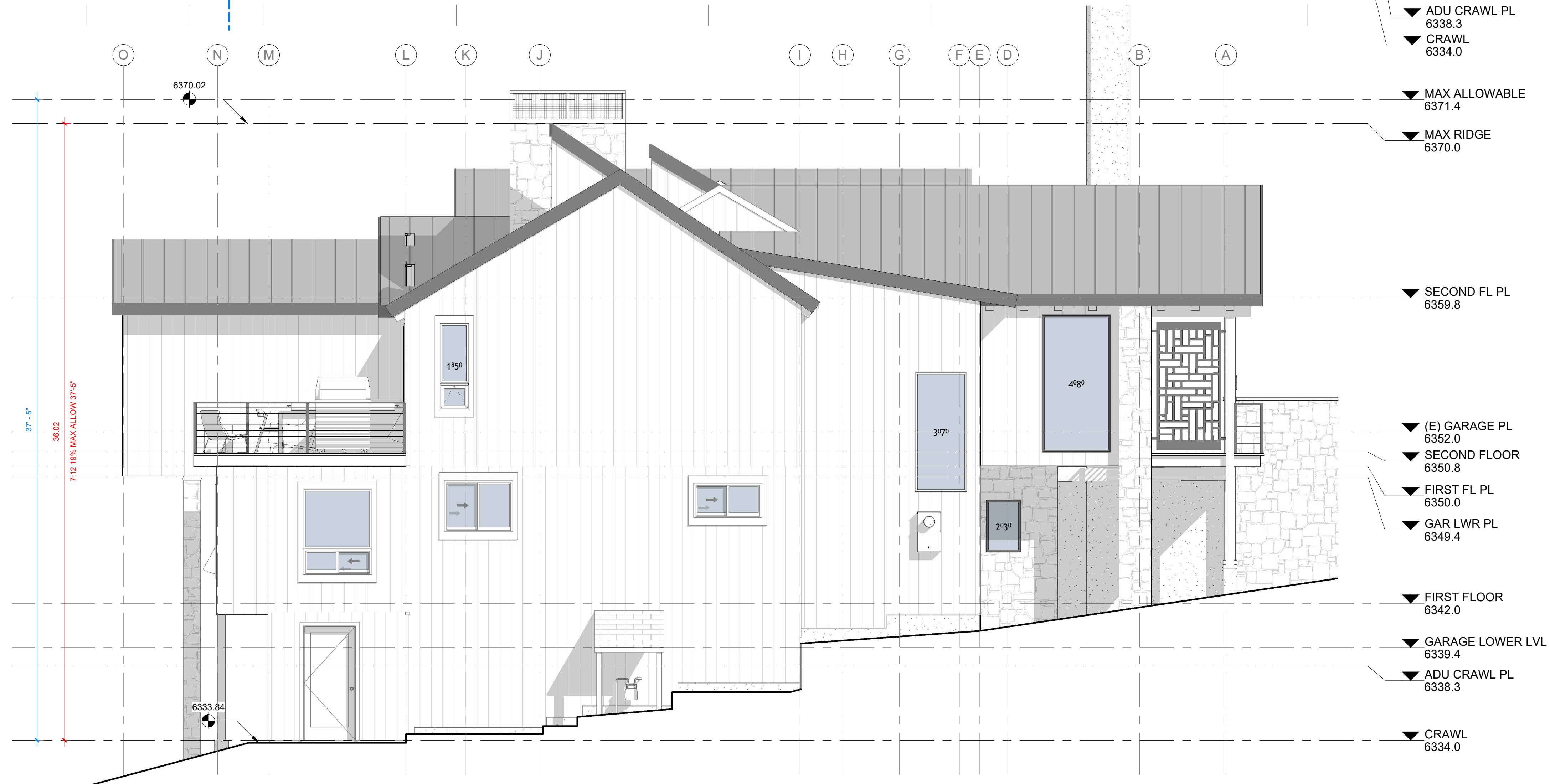
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1 SOUTH ELEVATION PROPOSED

1/4" = 1'-0"



2 EAST ELEVATION PROPOSED

1/4" = 1'-0"

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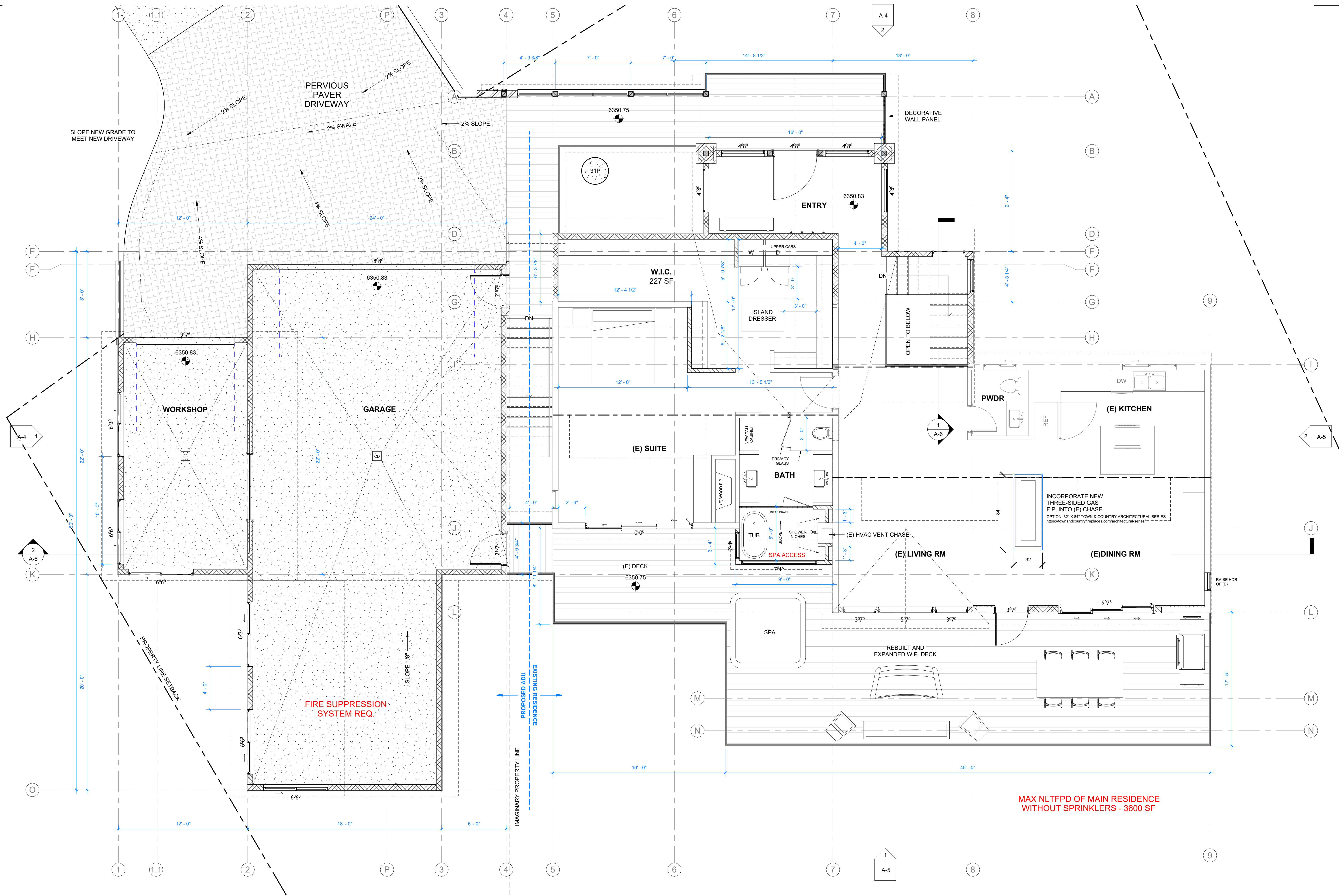
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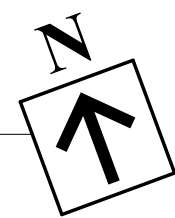
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1 SECOND FLOOR  
1/4" = 1'-0"



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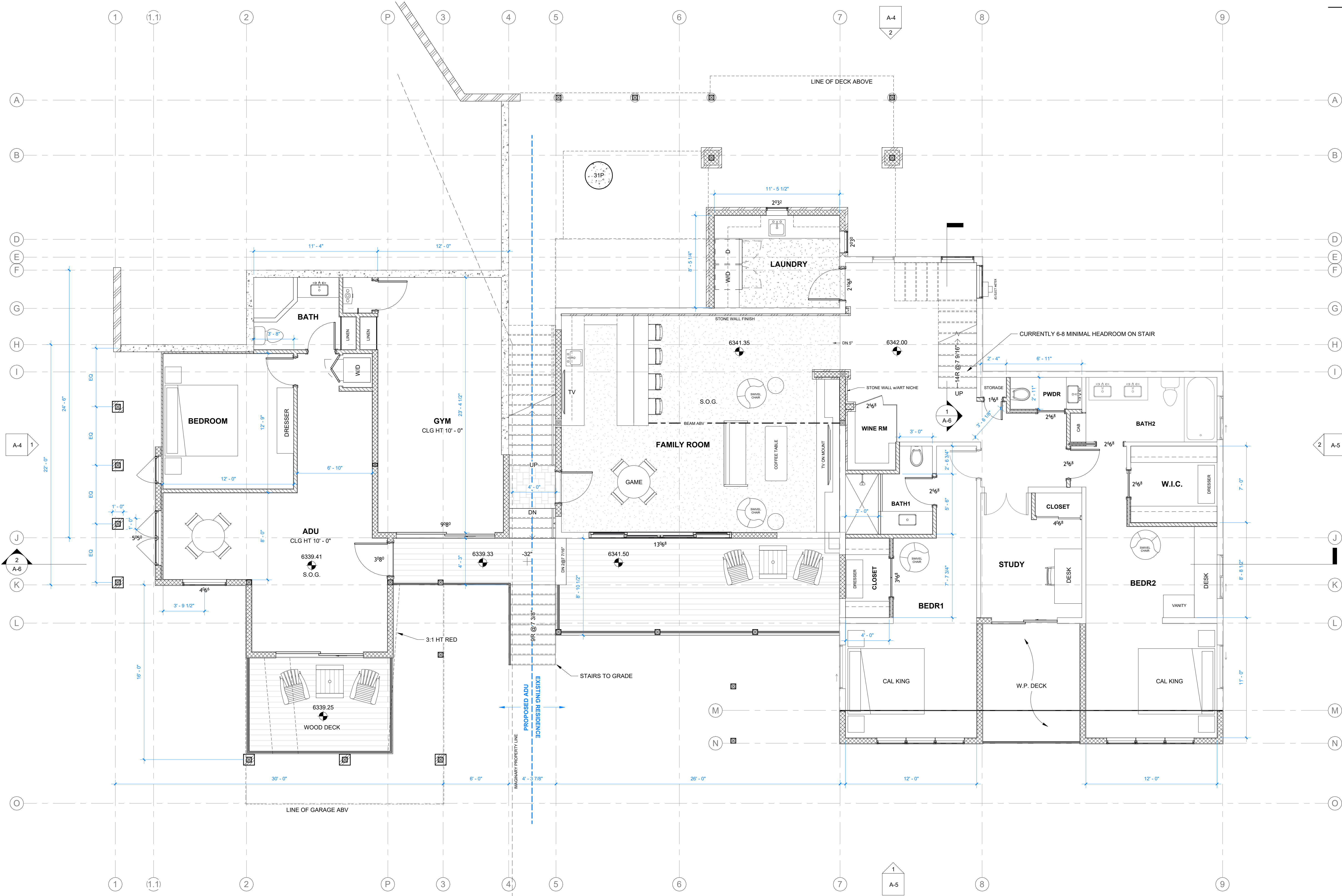
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SECOND FLOOR  
PLAN

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1 FIRST FLOOR  
1/4" = 1'-0"

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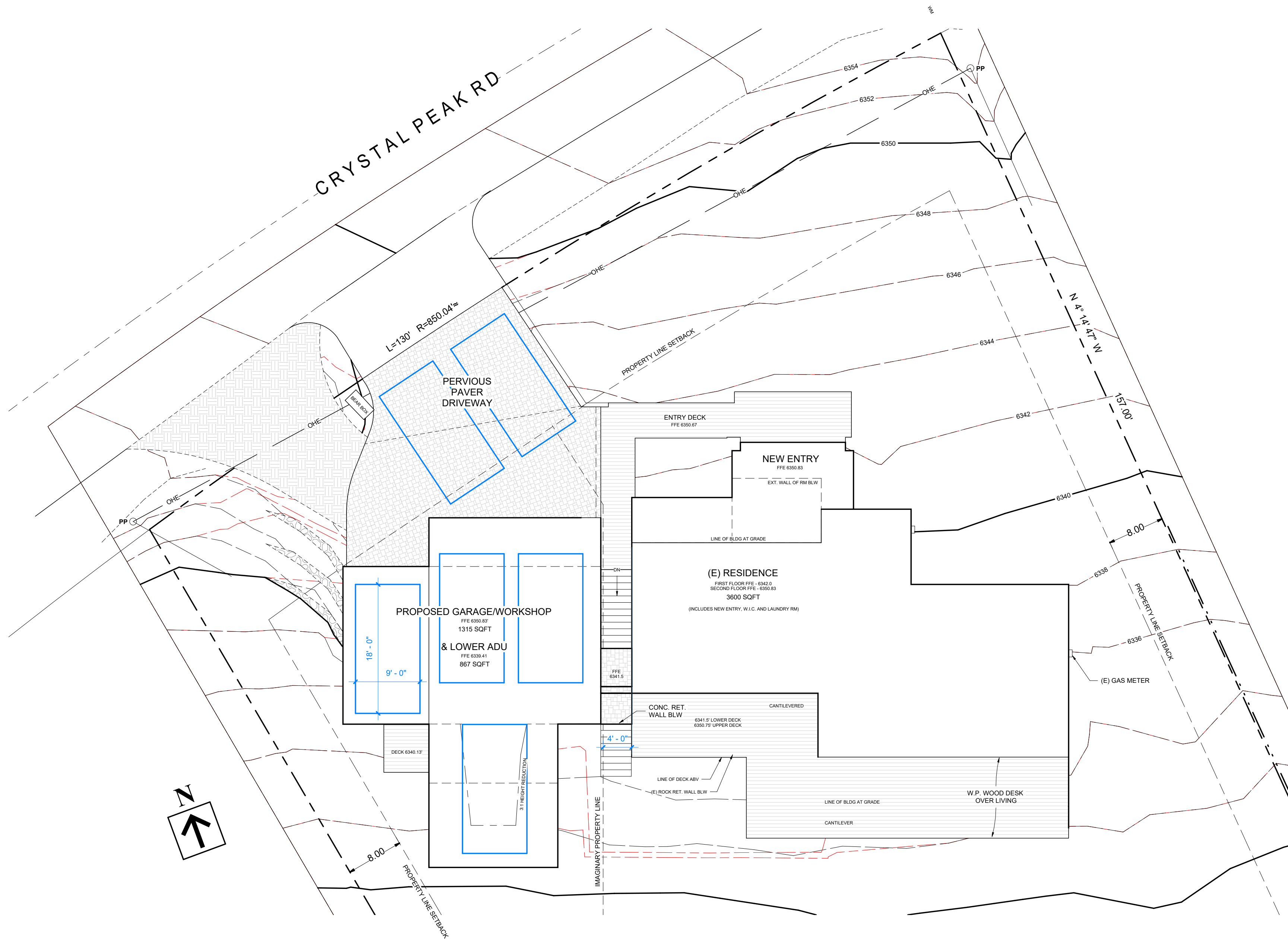
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FIRST FLOOR  
PLAN

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PARKING FOR (6) 9' X 18' VEHICLES

PROPOSED SITE PARKING

1" = 10'-0"

| REVISIONS |      |    |
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INCLINE VILLAGE, NV 89451  
WASHOE COUNTY  
APN: 122-129-11

|             |                         |
|-------------|-------------------------|
| SCALE:      | 1" = 10'-0"             |
| JOB NO:     | Project Number          |
| PRINT DATE: | 10/8/2026<br>3:00:01 PM |

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SP-1.1

SITE / AVAILABLE  
PARKING

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