

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: <i>of the care for the infirm</i>			
Project Description: <i>TRAVEL trailer for living purpose for infirm</i>			
Project Address: <i>5355 FIREMAN DR Sun Valley</i>			
Project Area (acres or square feet): <i>.45 acre</i>			
Project Location (with point of reference to major cross streets AND area locator): <i>171 ft to the east of chocolate dr, 650 Ft South of West 4th St</i>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<i>085-730-39</i>			
Indicate any previous Washoe County approvals associated with this application: Case No.(s).			
Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:	
Name: <i>Zola Chapman</i>		Name:	
Address: <i>59 Meccado Cathedral City</i>		Address:	
Zip: <i>92234</i>		Zip:	
Phone: <i>775 530 5971</i> Fax:		Phone: Fax:	
Email: <i>Zolamechapman@gmail.com</i>		Email:	
Cell: <i>775530 5971</i> Other:		Cell: Other:	
Contact Person:		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: <i>Jayden Chapman</i>		Name: <i>Kenneth "Jake" Boe</i>	
Address:		Address: <i>5355 Fireman D</i>	
Zip: <i>89433</i>		Sun Valley Zip: <i>89433</i>	
Phone: Fax:		Phone: <i>775-842-6016</i> Fax:	
Email: <i>Piper Chapman2@gmail</i>		Email: <i>lumpasboe@gmail.com</i>	
Cell: <i>775-560-7050</i> Other:		Cell: <i>775-622-6879</i> 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 Permit Application Supplemental Information for Care of the Infirm

(All required information, to include the physician's signed affidavit, is considered a public record and will be treated as such by Washoe County. Information may be attached separately)

1. Name of the Infirm:

Jayden Chapman

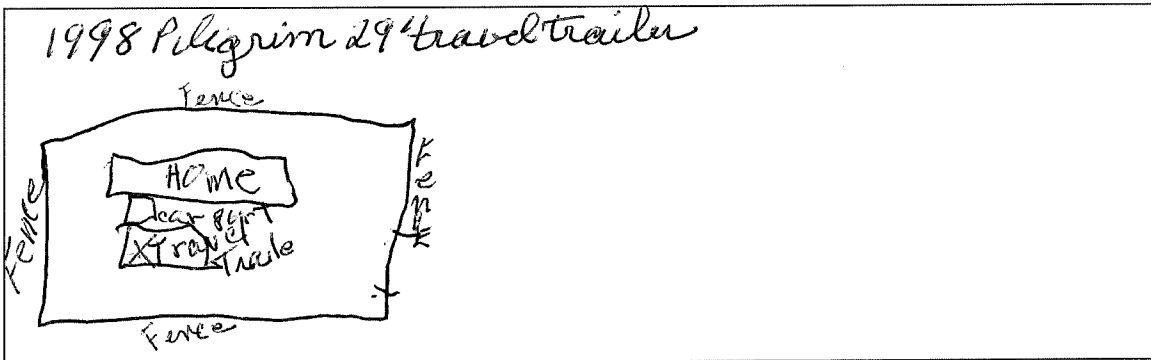
2. Name of Nevada licensed physician identifying the need for on-premise care and the physician's estimate as to the length of on-premise care required (attach physician's signed affidavit, form on page 11):

DR DAS

3. Name(s) of the Caregiver(s):

Jason Boe uncle to Jayden

4. Describe the type and size of recreational vehicle or self-contained travel trailer that is proposed for use as a temporary residence of the caregiver. (Attach a site map showing the proposed location.)



5. Describe the arrangements/methods proposed for the temporary provision of:

a. Water Service:

SU #20 District share with manufactured Home

b. Sewage (Sanitary Sewer) Service:

SU #20 District Share with manufactured home

c. Garbage (Solid Waste) Service:

Waste Management Share with manufactured home

d. Electricity:

NV Energy Share with manufactured home

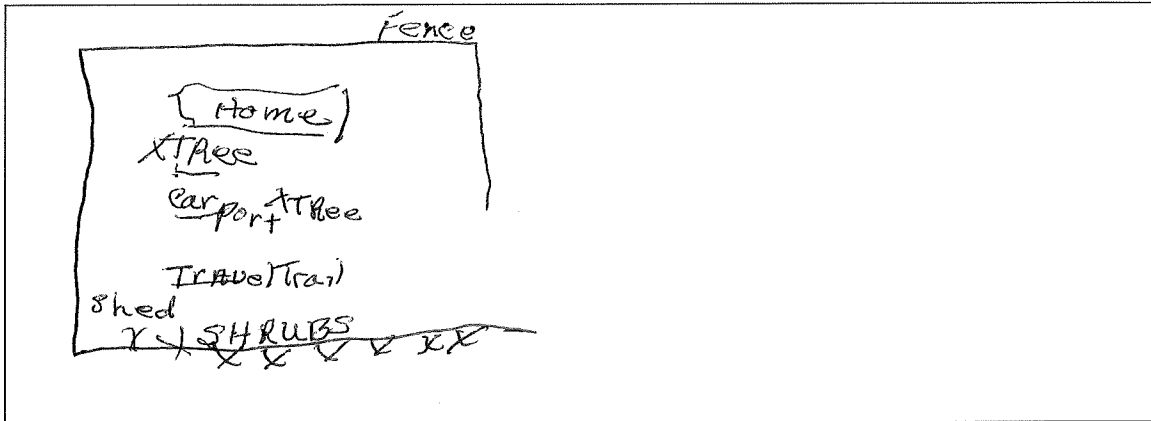
e. Natural Gas:

none

6. What will you do to minimize the anticipated negative impacts or effect your waiver will have on adjacent properties?

Be quiet, no excessive use of utilities, nothing affecting ~~the~~ the land, or water minimizing indoor mental impacts

7. What types of landscaping (e.g. shrubs, trees, fencing, painting scheme, etc.) are proposed? (Please indicate location on site plan.)



8. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that apply to the area subject to the administrative permit request? (If so, please attach a copy.)

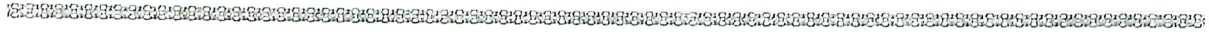
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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9. Community Services (provided and nearest facility):

a. Fire Station	5841 Sun Valley Blvd
b. Health Care Facility	RENOVA 1155 Mill St Reno 89502
c. Elementary School	Lois Allen Elm San Valley Elm
d. Middle School	Desert Skies
e. High School	Hwy
f. Parks	Geppard
g. Library	none
h. Citifare Bus Stop	4th St

CALIFORNIA JURAT

GOVERNMENT CODE § 8202



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 Riverside

Subscribed and sworn to (or affirmed) before me on this 26 day of JULY, 2022, by
Date Month Year

(1) Zola Mae Chapman

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Julie Fang*
Signature of Notary Public



Place Notary Seal and/or Stamp Above

OPTIONAL

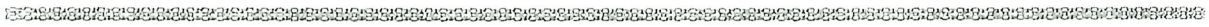
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Property Deed Affidavit

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



Hello, I ~~to~~ need to live here

because I am disabled. I have had many health issues over the past year and need someone to help me still.

Sometimes I need to go to the hospital, and need someone to drive me. I need help with day to day activities such as

bringing in groceries. If I were to fall I would need someone close to help. I

have fallen before, and been unable to get up. Thank

you so much for your consideration in allowing me to live ~~with~~ where I can receive the support, ~~and~~ and care

I need.

Letter by Rituparna Das, M.D. on 7/5/2022



BARTON NEUROLOGY
1067 4th St - South Lake Tahoe, CA 96150-7026
Phone: 530-539-6047 - Fax: 530-213-5243

July 5, 2022

Jayden Alexandra Chapman
5355 Fireman Dr
Sun Valley NV 89433

To whom it May Concern:

Jayden Chapman (date of birth 3/15/2000) has a medical condition currently undergoing active treatment from which she has significant disability. She requires substantial assistance from others for her activities of daily living and self care. Please allow her to remain in her current residence and location.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in blue ink, appearing to read "Rituparna Das", is written over a light blue horizontal line.

Rituparna Das, M.D.

Electronically Signed

Fireman Dr.

120'

10'

85'

Travel Trailer

15'

29'

86'

140'

57'

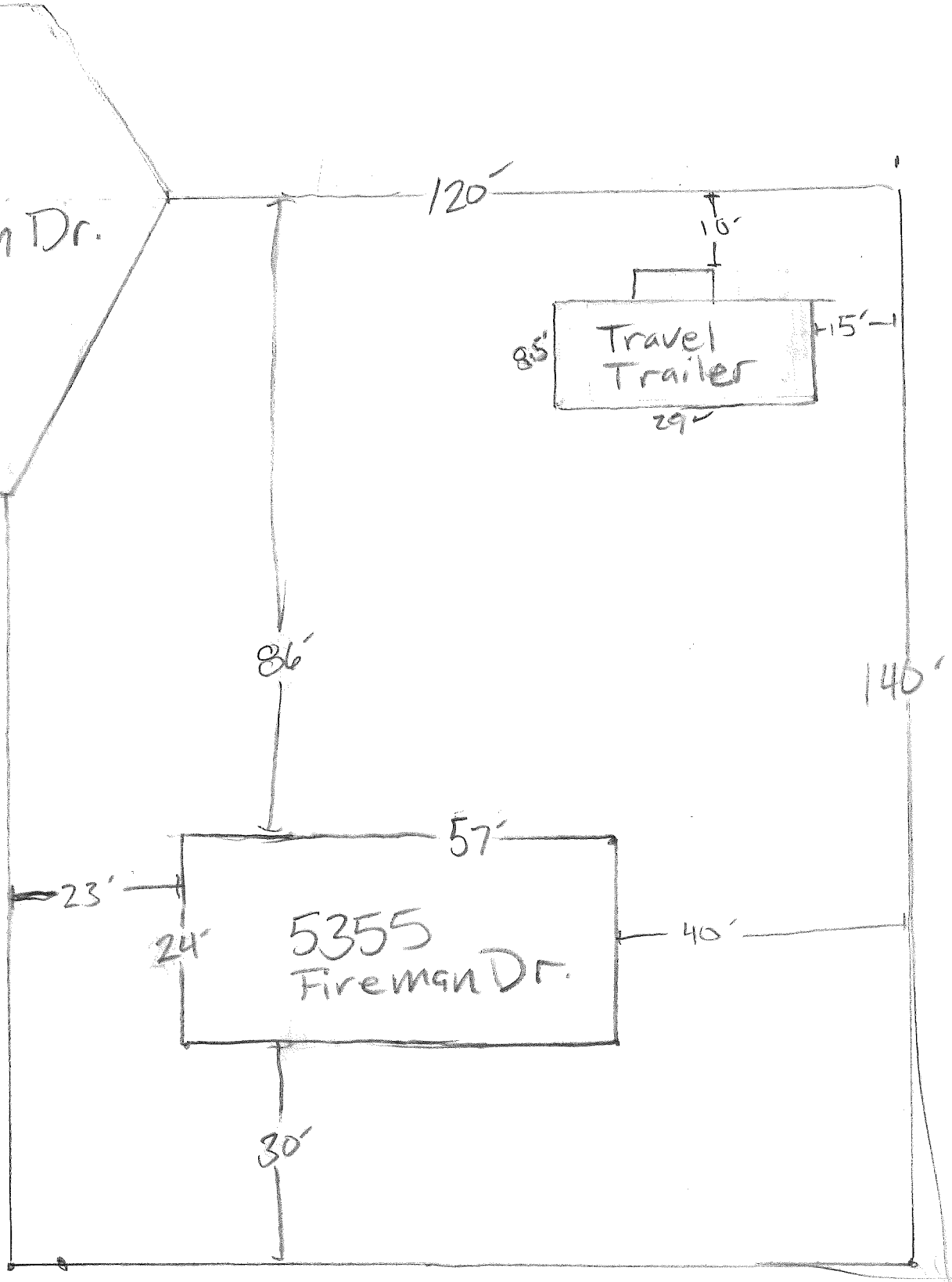
23'

24'

5355
Fireman Dr.

40'

30'





Barton Neurology
Dr. Rituparna Das
1067 Fourth St. South Lake Tahoe, CA 96150
Phone 530-539-6047 | Fax 530-213-5243

Date: 08/09/2022
To: Johnna Chism
Fax: 7753286133
Subject:
From: Chelsea
Company:
Pages: 3
Message:

Notice of Confidentiality

The following material is intended only for use by the individual or entity to which it is specifically addressed. The material may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address without making a copy. Your cooperation is greatly appreciated.

**TEMPORARY OCCUPANCY
for the Care of the Infirm
AFFIDAVIT OF PHYSICIAN**

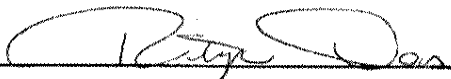
STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, RITUPAENA DAS, M.D. being duly sworn, depose, and say that I am a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in the State of Nevada.

I further swear or affirm that:

I am a licensed physician caring for JAYDEN ALEXANDER CHAPMAN and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That JAYDEN ALEXANDER CHAPMAN suffers from physical and medical condition(s) that severely impair his/her ability to live alone and care for himself/herself and he/she needs to have a person living on the premises/property where he/she lives in order to provide care and assistance to him/her

Signed 

State of Nevada License Number 19391

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public in and for said county and state

*SEE ATTACHED CERT
JM 08-09-2022*

My commission expires: _____

This Physician's Affidavit is required to be submitted with the Administrative Permit application for Temporary Occupancy for the Care of the Infirm pursuant to WCC Section 110.310.35(g). If the Administrative Permit is approved, a new affidavit must be submitted with each annual renewal.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

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 EL DORADO

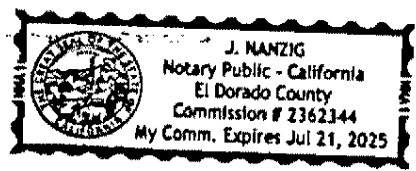
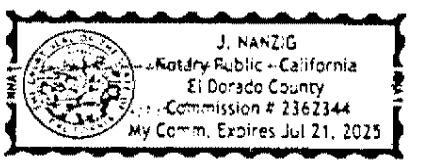
Subscribed and sworn to (or affirmed) before me
 on this 09 day of AUGUST, 2022

by RITU PARNA
 (1) RITU PARNA DAS

(and (2) _____),
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Signature [Signature]
 Signature of Notary Public



Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document: Temporary Occupancy Affidavit
 Title or Type of Document: TEMPORARY OCCUPANCY AFFIDAVIT Document Date: 08-09-2022
 Number of Pages: 1 Signer(s) Other Than Named Above: NONE