Community Services Department Planning and Building ADMINISTRATIVE PERMIT APPLICATION

(Care for the Infirm see page 8)



Community Services Department Planning and Building 1001 E. Ninth St., Bldg. A Reno, NV 89512-2845

Telephone: 775.328.6100

Administrative Permit

Washoe County Code (WCC) Chapter 110, Article 808, Administrative Permit, provides methods for reviewing proposed uses which possess characteristics that require special appraisal in order to determine if the uses have the potential to adversely affect other land uses, transportation, or facilities in the vicinity. The Board of County Commissioners, the Board of Adjustment, or the hearing examiner, may require conditions of approval necessary to eliminate, mitigate, or minimize to an acceptable level any potentially adverse effects of a use or specify the terms under which commencement and operation of the use must comply. See WCC 110.808, for further information.

Development Application Submittal Requirements

Applications are accepted on the 8th of each month. If the 8th falls on a non-business day, applications will be accepted on the next business day.

If you are submitting your application online, you may do so at OneNV.us

- Fees: See Master Fee Schedule. Most payments can be made directly through the OneNV.us portal. If you would like to pay by check, please make the check payable to Washoe County and bring your application and payment to the Community Services Department (CSD). (Note: All fees are waived for Administrative Permits for "temporary occupancy for the care of the infirm" [see Washoe County Code Section 110.310.35(g)]; however, the Administrative Permit Application process is still required.)
- 2. Development Application: A completed Washoe County Development Application form.
- 3. **Owner Affidavit:** The Owner Affidavit must be signed and notarized by all owners of the property subject to the application request.
- 4. **Proof of Property Tax Payment:** The applicant must provide a written statement from the Washoe County Treasurer's Office indicating all property taxes for the current quarter of the fiscal year on the land have been paid.
- 5. **Neighborhood Meeting:** This project may require a Neighborhood Meeting to be held prior to application submittal. Please contact Washoe County Planning at Planning@washoecounty.gov or by phone at 775-328-6100 to discuss requirements.
- 6. **Application Materials:** The completed Administrative Permit Application materials. (Some Administrative Permits, due to the minor impact of the application, will not require some of the requirements. You are encouraged to meet with a planner to determine the applicability of individual requirements.)

7. Site Plan Specifications!

- Lot size with dimensions drawn using standard engineering scales (e.g. scale 1" = 100', 1" = 200', or 1" = 500') showing all streets and ingress/egress to the property.
- b. Show the location and configuration of all existing and proposed buildings (with distances from the property lines and from each other), all existing buildings that will remain (with distances from the property lines and from each other), all existing buildings that will be removed, and site improvements on a base map with existing and proposed topography expressed in intervals of no more than five (5) feet.
- Show the location and configuration of wells, septic systems and leach fields, overhead utilities, water and sewer lines, and all existing and proposed easements.
- Show locations of parking, landscaping, signage and lighting.
- The cross sections of all existing and proposed rights-of-way, streets, alleys or private access ways within the proposed development, proposed name and approximate grade of each, and approximate radius of all curves and diameter of each cul-de-sac.

- Property boundary lines, distances and bearings.
- Contours at five (5) foot intervals or two (2) foot intervals where, in the opinion of the County Engineer, topography is a major factor in the development.
- Indication of prominent landmarks, rock outcroppings, and natural foliage which will be deciding considerations in the design of the development.
 - If any portion of the land within the boundary of the development is subject to inundation or storm water overflow, as shown on the adopted Federal Emergency Management Agency's Flood Boundary and Floodway Maps, that fact and the land so affected shall be clearly shown on the map by a prominent note on each sheet, as well as width and direction of flow of each water course within the boundaries of the development.
- Vicinity map showing the proposed development in relation to Interstate 80, Highway 395, I-580, or a major arterial. The vicinity map shall also include a north arrow.
- Date, scale, and number of each sheet in relation to the total number of sheets, and the name of the person preparing the plans.
- Location of snow storage areas sufficient to handle snow removed from public and private street, if above 5,500 feet.
- n. All known areas of potential hazard (and the basis for delineation) shall be clearly designated on the map. Additionally, active fault lines (post-Holocene) shall be delineated on the map.
- Location of areas with slopes greater than fifteen percent (15%) and thirty percent (30%).
- Boundary of any wetland areas and/or floodplains within the project site.
- Note by the project engineer or design professional indicating compliance with all applicable provisions of the Washoe County Development Code.
- Significant Hydrological Resources. Indicate the critical and sensitive buffer zones according to Article 418 of the Washoe County Development Code.

8. Additional Site Plan Specifications for Grading:

- a. Location and limits of all work to be done.
- b. Existing contours and proposed contours.
- c. Location of any structures on adjacent parcels that are within fifteen (15) feet of the work site's parcel boundary.
- d. Existing draining (natural and man-made) and proposed drainage patterns.
- e. Sufficient elevation data to show the drainage will work as proposed.
- f. Quantities of excavation, fill, and disturbed surface area shall be calculated and shown on the site plan. Areas under buildings and pavement need not be included in these calculations.
- g. Quantities of material proposed to be removed from the site must be shown. The proposed disposal area and the disposition of fill must be noted on the plan.
- h. Limiting dimensions of cut and fill.
- i. Proposed BMPs (Best Management Practices) for controlling water and wind erosion if a disturbed area is left undeveloped for more than thirty (30) days.
- j. Cut and fill slopes setback from the property boundary.
- k. Structure setbacks from a slope.
- 9. Traffic Impact Report: Traffic impact reports are required whenever the proposed development project will generate 80 or more weekday peak hour trips as determined using the latest edition Institute of Transportation Engineers (ITE) trip generation rates or other such sources as may be accepted by the Engineering and Capital Projects. Projects with less than 200 peak hour trips may not need to perform an impact analysis for future years. Traffic consultants are encouraged to contact Engineering and Capital Projects staff prior to preparing a traffic impact report.

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: Donald Crawford			
Project Special use Description:	ers housing in 2023 I	RV	
Project Address: 5349 Sid	lehill Drive.	Sun Valley, NV 894	33
Project Area (acres or square feet): approx 375 sqft			
Project Location (with point of reference to major cross			
between 4th and 5th		·	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
085-730-33	.34		
Indicate any previous Washo Case No.(s).	e County approval	s associated with this applicat	ion:
Applicant Info	ormation (attach	additional sheets if necess	ary)
Property Owner:		Professional Consultant:	
Name: Donald Crawfo	rd	Name:	
Address: 5349 Sidehill	Drive	Address:	
Sun Valley	Zip: 89433		Zip:
Phone: 503-313-3140 Fax:		Phone:	Fax:
Email: d.crawfordaa1	l@gmail.com	Email:	
Cell: 503-313-3140	Other:	Cell:	Other:
Contact Person: Donald C	Crawford	Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
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 Permit Application Supplemental Information

(All required information may be separately attached)

	Special use permit for elder care giver to live in 2023 RV on p
2.	What section of the Washoe County code requires the Administrative permit required?
	Doctor Imran Sheriff M.D. Till end of life
3.	What currently developed portions of the property or existing structures are going to be used with thi permit?
	Deborah Justus and Daniel Justus
1.	What improvements (e.g. new structures, roadway improvements, utilities, sanitation, water supply drainage, parking, signs, etc.) will have to be constructed or installed and what is the projected tim frame for the completion of each?
	none
5.	Is there a phasing schedule for the construction and completion of the project?
	no
3.	What physical characteristics of your location and/or premises are especially suited to deal with th impacts and the intensity of your proposed use?
	west end of property
7.	What are the anticipated beneficial aspects or effect your project will have on adjacent properties an the community?
	none
3.	What will you do to minimize the anticipated negative impacts or effect your project will have o adjacent properties?
	none - just obtain permits to satisfy neighbors, city and county
9.	Please describe any operational parameters and/or voluntary conditions of approval to be imposed o the administrative permit to address community impacts.

	types of landscaping (e.g. te location on site plan.)	shrubs, trees, f	encing, painting scheme, et	c.) are proposed? (Plea
Ent	tire property has	been clea	red of sage brush	n and is planne
width,	construction materials, co ch sign and the typical ligh	olors, illuminatio	ed? On a separate sheet, on methods, lighting intensit (Please indicate location	ty, base landscaping, e
n/a				
			conditions, or deed restriction uest? (If so, please attach	
	Yes		☑ No	
Utilitie	es:			
a. S	ewer Service			
b. W	Vater Service			
Requi	irements, requires the dec	lication of wate	napter 110, Article 422, W r rights to Washoe County. should dedication be require	Please indicate the t
c. P	ermit#		acre-feet per year	
d. C	ertificate #		acre-feet per year	- Commence
e S	urface Claim #		acre-feet per year	
- ∵. ∪	other, #		acre-feet per year	

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:
	Special use permit for elder care giver to live in 2023 RV on
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):
	Doctor Imran Sheriff M.D. Till end of life
3.	Name(s) of the Caregiver(s):
	Deborah Justus and Daniel Justus
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.)
	2023 Crossroads Hampton 375DBL Destination Trailer exterior length (with tongue) 41ft L x 8.25ft W
5.	Describe the arrangements/methods proposed for the temporary provision of: a. Water Service:
	existing water on property

6	existing sewer hookups on property once permit has been established through county and city sewer company
с.	Garbage (Solid Waste) Service:
r	resident garbage cans provided.
d.	. Electricity:
	50 amp service added thru licensed electrician
e.	. Natural Gas:
r	n/a for RV
	What will you do to minimize the anticipated negative impacts or effect your waiver will have djacent properties?
	none - just obtain permits to satisfy neighbors, city and county

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

Entire property has been cleared of sage brush and is planned to add lawn and shade trees. Unsure as to location of trees at this time. Property is being improved since recen purchase.

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.)

□ Yes	D No

9. Community Services (provided and nearest facility):

a. Fire Station	Truckee Meadows Fire & Rescue
b. Health Care Facility	Community Health Alliance Sun Valley Hea
c. Elementary School	Lois Allen Elementary School
d. Middle School	Desert Skies Middle School
e. High School	Hug High School
f. Parks	Gepford Park, Sun Valley Community Parl
g. Library	Sparks Library
h. Citifare Bus Stop	4th Street Station Rt7

TEMPORARY OCCUPANCY for the Care of the Infirm AFFIDAVIT OF PHYSICIAN

STATE OF NEVADA)) ss:
COUNTY OF WASHOE)
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 $\frac{DoN BETTI (RANFOR)}{}$. and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,
That Dow+ Berry Crewford, 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 Signed
State of Nevada License Number 88 26
Subscribed and sworn to before me this day of
RANDY MILLER Notary Public in and for said county and state RANDY MILLER Notary Public, State of Nevada Appointment No. 20-2766-02 My Appt. Expires Jul 1, 2024
My commission expires: July 1, Zozy

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

VIRGINIA FAMILY CARE CENTER,

INC.

FAMILY PRACTICE

IMRAN SHERIFF, M.D. 5449 Reno Corporate Dr. Suite 100 Reno, NV 89511 Tel: 775-327-4700 Fax: 775-327-4210

IMRAN SHERIFF M.D.

Diplomate American

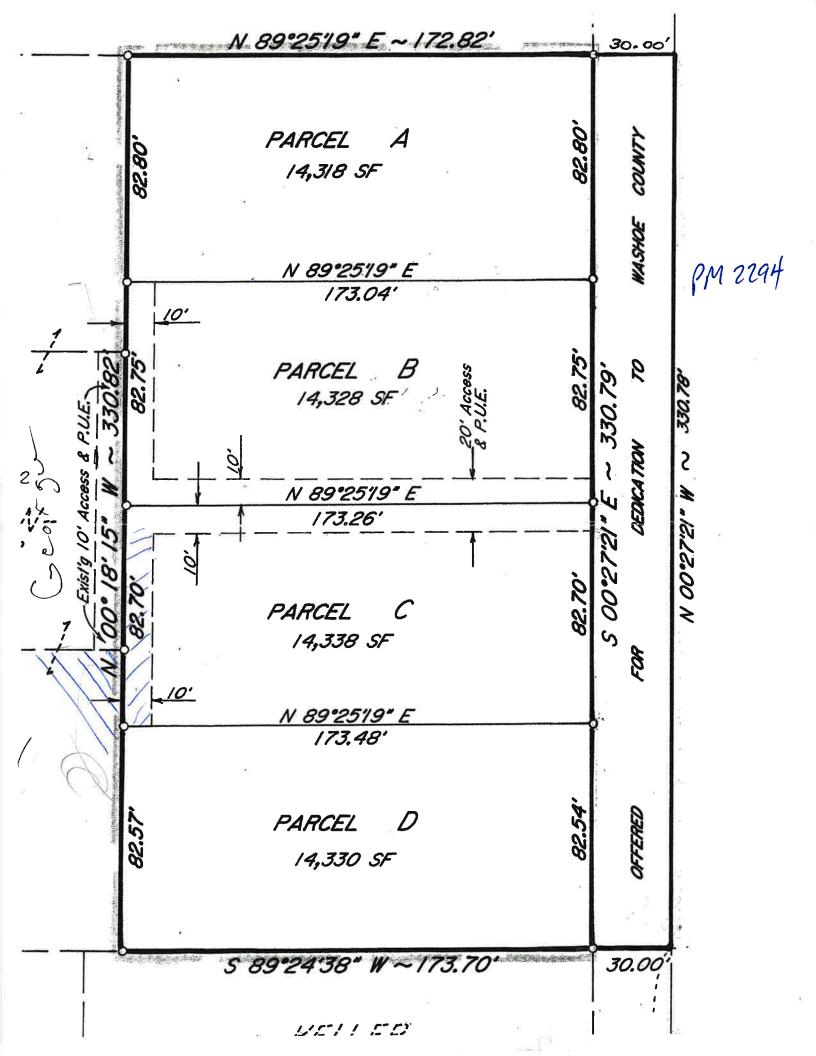
Board of Family Medicine

To Whom it May Concern,

It is in the best interest for my patients Donald and Betty Crawford to have their daughter and son in-law living on their property as they both have multiple health concerns due to their age and there is a history of frequent falls. If you have any questions please feel free to call.

Sincerely,

Imran Sheriff 09/06/2023



West Easterner # 2 TRAILER gmA os Sower Easement 6045 Juenoslaneus. BB-034-580 Noth - Posser (Ope The said 50 Easment