

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

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

STATE OF NEVADA       )  
                                  ) ss:  
COUNTY OF WASHOE    )

I, Maria Eugenia Guillen 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 Peggy Sue Hardy and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That Peggy Sue Hardy 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 Maria Eugenia Guillen

State of Nevada License Number RN160306

Subscribed and sworn to before me this 5<sup>th</sup> day of November, 2021

Janet Ortega WASHOE COUNTY, NV  
Notary Public in and for said county and state



My commission expires: AUGUST 29, 2028

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.

## 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:			
Project Description: <i>SET UP RESIDENCE FOR CARE GIVER -</i>			
Project Address: <i>216 BLANCO CIR SUN VALLEY NV</i>			
Project Area (acres or square feet): <i>400 Sq FT.</i>			
Project Location (with point of reference to major cross streets <b>AND</b> area locator): <i>SUN VALLEY NV. 1/2 BETWEEN 8<sup>TH</sup> &amp; 9<sup>TH</sup> OF LEON BL</i>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<i>506-050-47</i>			
Indicate any previous Washoe County approvals associated with this application: Case No.(s).			
Applicant Information (attach additional sheets if necessary)			
<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name: <i>Mary Taylor</i>		Name:	
Address: <i>5870 LEON BL NV</i>		Address:	
Zip: <i>89433</i>		Zip:	
Phone: <i>775-673-2944</i> Fax: <i>-</i>		Phone: Fax:	
Email: <i>-</i>		Email:	
Cell: <i>-</i> Other: <i>-</i>		Cell: Other:	
Contact Person:		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
Name: <i>THOMAS A. GWIN</i>		Name:	
Address: <i>216 BLANCO CIRCLE</i>		Address:	
Zip: <i>89433</i>		Zip:	
Phone: <i>530 624 5984</i> Fax:		Phone: Fax:	
Email: <i>PIROTRKR1@gmail.com</i>		Email:	
Cell: Other:		Cell: Other:	
Contact Person: <i>THOMAS GWIN</i>		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:

PEGGY S. HADDY - (MOTHER)

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):

Maria Eugenia Guillen, RN #00306

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

THOMAS A. GWIN

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.)

45' FIFTH WHEEL TRAVEL TRAILER

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

- a. Water Service:

GARDEN HOSE. TAP INTO MAIN RESIDENCE WATER SOURCE.

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

NONE- TREES AND SHRUBS ON SITE -

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 ☒ No

9. Community Services (provided and nearest facility):

a. Fire Station	STATIONS 45 5241 SOUTHWEST BL 6V NV
b. Health Care Facility	6295 SOUTHWEST NV
c. Elementary School	
d. Middle School	
e. High School	
f. Parks	SUN VALLEY COMMUNITY
g. Library	
h. Citifare Bus Stop	

## Administrative Permit Application Supplemental Information

(All required information may be separately attached)

1. What is the type of project or use being requested?

A TEMPORARY RESIDENCE FOR CARE GIVING

2. What section of the Washoe County code requires the Administrative permit required?

110.310.35E

3. What currently developed portions of the property or existing structures are going to be used with this permit?

BACK YARD

4. 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 time frame for the completion of each?

WATER  
ELECTRICITY  
SANITATION (SEWER)

1 DAY -

5. Is there a phasing schedule for the construction and completion of the project?

YES

6. What physical characteristics of your location and/or premises are especially suited to deal with the impacts and the intensity of your proposed use?

FLAT PROPERTY WILL ACCOMMODATE TRAILER

7. What are the anticipated beneficial aspects or effect your project will have on adjacent properties and the community?

NONE

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

NOT VISIBLE FROM BLANDED CAR

9. Please describe any operational parameters and/or voluntary conditions of approval to be imposed on the administrative permit to address community impacts.

NO IMPACT.

10. How many improved parking spaces, both on-site and off-site, are available or will be provided? (Please indicate on site plan.)

SEE DRAWING

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

EXISTING

12. What type of signs and lighting will be provided? On a separate sheet, show a depiction (height, width, construction materials, colors, illumination methods, lighting intensity, base landscaping, etc.) of each sign and the typical lighting standards. (Please indicate location of signs and lights on site plan.)

HOUSE HAS LIGHTING. RV/TRAILER DOES AS WELL.

13. 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 ☒ No

14. Utilities:

a. Sewer Service	YES
b. Water Service	YES

For most uses, the Washoe County Code, Chapter 110, Article 422, Water and Sewer Resource Requirements, requires the dedication of water rights to Washoe County. Please indicate the type and quantity of water rights you have available should dedication be required:

c. Permit #		acre-feet per year	
d. Certificate #		acre-feet per year	
e. Surface Claim #		acre-feet per year	
f. Other, #		acre-feet per year	

Title of those rights (as filed with the State Engineer in the Division of Water Resources of the Department of Conservation and Natural Resources):

b. Sewage (Sanitary Sewer) Service:

USE MAIN RESIDENCE  
TAP INTO MAIN RESIDENCE SEWER -

c. Garbage (Solid Waste) Service:

PROPERTY HAS WM SERVICE

d. Electricity:

EXTENSION COPS -

e. Natural Gas:



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

WILL NOT BE VISIBLE FROM STREET.



BLANCO CIRCLE

