Washoe County Development Application

Your entire application is a public record. If you have a concern about releasing personal information, please contact Planning and Development staff at 775.328.3600.

Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Richard Mahone Name: James Crippen Address: Grades Rd Address: Power Address: Grades Rd Address: Power Reno Zip: Space S JUZ Phone: Sort S JUZ Space S Phone: Sort S JUZ Space S Cell: Other: Cell: Other: Cell: Other: Cell: Other: Contact Person: Reno Sort S Sort S Address: Contact Persons to be Contacted: Name: Address: Contact Person: Sort S Sort S Address: Zip: Name: Sort S Sort S Address: Zip: Zip: Sort S Sort S Sort S Address: Contact Person: Fax: Phone: Fax: Phone: Fax: Phone: Fax: Contact Person: Contact Person: Contact Person: <	Project Information				
ShedProject Address:Red Rd RemeProject Location (with point of reference to major cross streets AND area locator):R hodes Rd and CX Yok LanceAssessor's Parcel No.(s):Parcel Acreage:Assessor's Parcel Nome:Parcel Acreage:Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Address:Case No.(s):Applicant Developer:Name:Address:Case No.	Project Name: Ma ho	ney Klay	Guest House	2	
Project Area (acres or square feet): 605 sq. ff Project Location (with point of reference to major cross streets AND area locator): R hodes Rd and Ox Yok Lane Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Section(s)/Township/Range: Indicate any previous Washoe County approvals associated with this application: Case No.(s): Extended to the formation (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Name: Tames Crippen Address: Color of the house Name: Tames Crippen Address: Color of the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formation (attach additional sheets if necessary) Phone: So to the formatic of thene formatic of the formatic of the formatic o	Project Description: Dwellin	is added	to existing,	permitted.	
Project Area (acres or square feet): 605 Sq. ff Project Location (with point of reference to major cross streets AND area locator): R hodes Rd and Ox Yok Lane Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Section(s)/Township/Range: Indicate any previous Washoe County approvals associated with this application: Case No.(s): Extended to the control of the contro	Project Address: 625	Rhode	25 Rd Reno		
Project Location (with point of reference to major cross streets AND area locator): R haddes Rd and Cx Yok Land Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Assessor's Parcel No.(s): Parcel Acreage: Indicate any previous Washoe County approvals associated with this application: Canded County approvals associated with this application: Case No.(s): X154446 Shed Lass prevent Hcd Wafee and electrics Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Name: Tames Cs. Spec Address: Cost Cs. Rodes RL Address: Cost Cs. Rodes RL Address: Cost Cs. Spec Speck S Phone: Sock Modes Contact Person: Tames Contact Person: Rest Parcel Machine Contact Person: Contacted: Name: Address: Zip: Phone: Address: Zip: Contact Person: Tames Cs. Speck Contact Person: Rest Modes Contact Person: Contacted: Name: Zaddress: Zip: <t< td=""><td>Project Area (acres or square fe</td><td></td><td></td><td></td><td></td></t<>	Project Area (acres or square fe				
11-400-47 Section(s)/Township/Range: Indicate any previous Washoe County approvals associated with this application: Case No.(s). Zxisting shed has permitted water and electrici Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Richard Ma hours Address: 0 0 0 x 4007 Renc Zip: 89521 Phone: Soft x 11.3575 Phone: Soft x 11.3575 Pai: Phone: Cell: Other: Cell: Other: <tr< td=""><td>Project Location (with point of re</td><td>eference to major cross</td><td>streets AND area locator):</td><td></td><td></td></tr<>	Project Location (with point of re	eference to major cross	streets AND area locator):		
0/1 - 400 . 47 Section(s)/Township/Range: Indicate any previous Washoe County approvals associated with this application: Case No.(s). \$\frac{2}{2}\$ (15.4) Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: \$\frac{2}{2}\$ (1.5) Address: (2.5) Case No.(s). \$\frac{2}{2}\$ (1.5) Property Owner: Professional Consultant: Name: \$\frac{2}{2}\$ (1.5) Address: (2.5) Phone: \$\frac{2}{2}\$ (1.5) Phone: \$\frac{2}{2}\$ (2.5) Case No.(s) \$\frac{2}{2}\$ (2.5) Phone: \$\frac{2}{2}\$ (2.5) Case No.(s) \$\frac{2}{2}\$ (2.5) Phone: \$\frac{2}{2}\$ (2.5) Applicant/Developer: Other. Call: \$\frac{2}{2}\$ (2.5) Address: \$\frac{2}{2}\$ (2.5) Zip: Phone: \$\frac{2}{2}\$ (2.5) <	Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No(s):	Parcel Acreage:	
Section(s)/Township/Range: Indicate any previous Washoe County approvals associated with this application: Case No.(s). Zasting shed has permitted water and electricit Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Range Crippen Address: Cost of the house Address: Cost of the house Address: Cost of the house Name: Starks, NU Zip; 89432 Phone: Sparks, NU Zip; 89432 Phone: Sparks, NU Zip; 89432 Phone: Coll: Other: Cell: Contact Person: Richard Ma house Name: Address: Contact Person: Richard Ma house Contact Person: Call: Other: Cell: Other Cell: Other Fax: Phone: Fax: Phone: <		4			
Indicate any previous Washoe County approvals associated with this application: Case No.(s). Zastang Shed has parmitted water and electrical Applicant Information (attach additional sheets if necessary) Property Owner: Name: Professional Consultant: Name: Ranes Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Crippen Address: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"C					
Case No.(s). Zisting Shed has permitted water and electricit Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Richard Ma houre Name: James Crippen Address: 6.25 Phodes Rdl Address: Post 4067 Reac Zip: 89521 Sankes Diversional Consultant: Phone: Social 3937 Fax: Phone: 705 4478 6335 Fax: Email: dick makeney@gmail.con Email:Crippenesch@gmail.con Cell: Other: Cell: 715 203.4517 Other: Contact Person: Richard Mahoure Contact Person: James Crippen Applicant/Developer: Other Contact Person: James Crippen Address: Address: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Email: Cell: Other: Contact Person: Zip: Zip: Phone: Fax: Email: Cell: Other: Cell: Contact Person: Cell: Other: <					
Applicant Information (attach additional sheets if necessary) Property Owner: Professional Consultant: Name: Richard Malwaye Name: Talwaye Conjeptan Address: Gardes Rddress: Post yold Address: Gardes Rddress: Post yold Rene Zip: Sgardes NU Zip: Sgardes Phone: Social Sgardes NU Zip: Sgardes Fax: Email: Gite Other: Cell: Other: Cell: Gendes Contact Person: Gardes Contact Person: Gardes Contact Person: Gardes Contact Person: Gardes Contact Person: C	Indicate any previous Washe	be County approval	s associated with this applicat	ion:	,
Property Owner:Professional Consultant:Name:Richard Ma horeAddress:Richard Ma horeAddress:CorippanAddress:CorippanAddress:CoroportRenoZip:Zip:SparksPhone:Sost 11-3535Fax:Phone:Phone:Sost 11-3535Fax:Phone:Email:CiteColtactPerson:Richard Ma horeCell:Contact Person:Richard Ma horeContact Person:Contact Person:Address:Address:Zip:Zip:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Contact Person:Contact Person:For Office Use OnlyDate Received:Date Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):County Commission District:	Case No.(s). ZXISting	shed	has permitted w.	a fer and el	2ctvici
Name:Richard Ma house Address:Name:JamesCrippen Address:Address: $lashesRdAddress:lashesCrippenAddress:Address:lashesRdSanksNuZip:Phone:Sos217SgnksNuZip:Phone:Sos217SgnksNuZip:Phone:Sos217SgnksNuZip:Phone:Sos217SgnksNuZip:Phone:ContactCell:Contact Person:SanesCellContact Person:Contact Person:SanesCerippenApplicant/Developer:OtherContact Person:SanesCerippenName:SeeSodeName:Address:Zip:Zip:Zip:Zip:Zip:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Email:Cell:Other:Cell:Other:Cell:Contact Person:Contact Person:Contact Person:For OfficeSonationContact Person:Contact Person:Contact Person:For OfficeSonationDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):$	Applicant	Information (atta	ch additional sheets if necessary	')	
Address: $address:$ $address:$ $address:$ $address:$ $address:$ RencZip: 89521 3 garks NU Zip: 89432 Phone: $55.211.3937$ Fax:Phone: 775.44786356 Fax:Email: $Aick$ $Aick$ Email: $Criffen erich CognetificationCell:Other:Cell:775.303.4517Other:Contact Person:R_{chord}MehoringContact Person:GriffenApplicant/Developer:Other Persons to be Contacted:Name:Name:SeebodeName:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Contact Person:Fax:Email:Cell:Other:Cell:Other:Cell:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):$	Property Owner:				
Address: $address:$ $address:$ $address:$ $address:$ $address:$ RencZip: 89521 3 garks M Zip: 89432 Phone: $55.11.3937$ Fax:Phone: 775.44786354 Fax:Email: $Aick$ $Machonegegneil.colEmail: c_1 ffpen erche Cogneil.colCell:Other:Cell: 775.303.4517 Other:Contact Person:R_{chost}Machonegegneil.colApplicant/Developer:Other Persons to be Contacted:Name:SeeBodesAddress:Zip:Zip:Zip:Phone:Fax:Phone:Fax:Phone:Fax:Phone:Fax:Contact Person:Contact Person:Contact Person:Contact Person:Contact Person:Contact Person:Date Received:Initial:Planning Area:County Commission District:$	Name: Richard Mal	when	Name: James Cr		
Phone: Sos. 211.3935 Fax: Phone: 775.448.6336 Fax: Email: Jick Mahaney@gmail.com Email: Criffeen asch @gmail.com Cell: Other: Cell: 775.303.4517 Other: Contact Person: Richard Mahaney Contact Person: Cames Cariffeen Applicant/Developer: Other Persons to be Contacted: Name: Address: Address: Cip: Name: See bode Name: Address: Zip: Phone: Fax: Phone: Fax: Phone: Fax: Email: Cell: Other: Contact Person: Contact Person:<	Address: 625 Rhoc	les Rd	Address: Po Box 406	1	
Email: Jick mehoney@gmail.com Email: Criffen asch @gmail.com Cell: Other: Cell: 775. 3.03. 4517 Other: Contact Person: Richard Mahoney Contact Person: James @riffen Applicant/Developer: Other Persons to be Contacted: Name: See above Name: Address: Zip: Zip: Phone: Fax: Phone: Fax: Email: Email: Cell: Other: Cell: Other: Cell: Other: Cell: Other Fax: Phone: Fax: Email: Email: Cell: Other: Other: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Cell: Other: Contact Person: Contact Person: For Office Use Only Email: Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s): Email Email Email Email Email Email Email Email Email Email <t< td=""><td>Reno</td><td>Zip: 89521</td><td>Sperks NU</td><td>Zip: 89432</td><td></td></t<>	Reno	Zip: 89521	Sperks NU	Zip: 89432	
Cell:Other:Cell: 775. 3 03. 4517 Other:Contact Person:Richard MachanenContact Person:CarnesApplicant/Developer:Other Persons to be Contacted:Name:See aboveName:Address:Address:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Cell:Other:Date Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Phone: 805 211 3939	Fax:	Phone: 775 448 6356	Fax:	
Cell:Other:Cell: 775. 3 03. 4517 Other:Contact Person:Richard MachanenContact Person:CarnesApplicant/Developer:Other Persons to be Contacted:Name:See aboveName:Address:Address:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Cell:Other:Date Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Email: dick mahon	eyequailica	Email: Criffenarch	@gmail.com	
Applicant/Developer:Other Persons to be Contacted:Name:See aboveName:Name:Address:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):Image: Contact Person:				Other:	
Name:SeeobjectName:Address:Address:Address:Zip:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Contact Person: Richar	1 mahoney	Contact Person: Janes	Crippen	
Address:Address:Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Cell:Other:Cell:Other:Contact Person:Cell:Other:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):Contact Plan Contact Plan	Applicant/Developer:		Other Persons to be Contact	ed:	
Zip:Zip:Phone:Fax:Phone:Fax:Email:Email:Email:Cell:Other:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Name: _ See abo	ve-	Name:		
Phone:Fax:Phone:Fax:Email:Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Address:		Address:		
Email:Email:Cell:Other:Cell:Other:Contact Person:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):		Zip:		Zip:	
Cell:Other:Contact Person:Contact Person:For Office Use OnlyDate Received:Initial:Planning Area:County Commission District:Master Plan Designation(s):	Phone:	Fax:	Phone:	Fax:	
Contact Person: Contact Person: For Office Use Only Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):		-			
For Office Use Only Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):	Cell:	Other:	Cell:	Other:	
Date Received: Initial: Planning Area: County Commission District: Master Plan Designation(s):	Contact Person:		Contact Person:		
County Commission District: Master Plan Designation(s):		For Office	e Use Only		
County Commission District: Master Plan Designation(s):	Date Received:	Initial:	Planning Area:		
	County Commission District:				
CAD(S). Regulatory Zoning(S):	CAB(s):		Regulatory Zoning(s):		

Administrative Review Permit Application for a Detached Accessory Dwelling Supplemental Information

(All required information may be separately attached)

This application is for proposals to establish a Detached Accessory Dwelling unit in the Low Density Rural, Medium Density Rural, High Density Rural, and Low Density Suburban regulatory zones. Chapter 110 of the Washoe County Code is commonly known as the Development Code. Specific references to the administrative review permit process for Detached Accessory Dwellings may be found in Article 306, Accessory Uses and Structures, Section 25(i). A Detached Accessory Dwelling is also referred to as a "secondary dwelling" in this application. The "main dwelling" is the original or larger dwelling on the property.

1. What is the size (square footage) of the main dwelling unit or proposed main dwelling unit (exclude size of garage)?



2. What is the size of the detached accessory dwelling unit or proposed detached accessory dwelling unit (exclude size of garage)?

5454 X 16Ft 246 19

3. How are you planning to integrate both the main dwelling and secondary dwelling to provide architectural compatibility and a sense of project integration of the two structures?

It will look like a born next to our home. Similar siding, some color

4. How are you planning to provide water and wastewater disposal (sewer or septic) to the secondary dwelling unit?



5. What additional roadway, driveway, or access improvements are you planning?



6. A parking space is required. How are you providing the additional parking?



7. When do you plan to complete construction of the secondary dwelling and obtain a certificate of occupancy?



8. What will you do to minimize any potential negative impacts (e.g. increased lighting, obstruction of views, removal of existing vegetation, etc.) your project may have on adjacent properties?

No negative impacts

9. Is the subject property part of an active Home Owners Association (HOA) or Architectural Control Committee? If yes, please include the name and contact information for the applicable board.

No		
		1

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



11. Only one accessory dwelling unit, whether attached or detached, is allowed per parcel. Please verify that an accessory dwelling (i.e. secondary dwelling) currently does not exist on the subject property.

No accessory dwelling on property

12. List the age and size of the unit If you plan to utilize a manufactured or modular home as the secondary dwelling. (Note: manufactured or modular homes must be permanently affixed and converted to real property.)



13. List who the service provider will be for the following utilities:

a. Sewer Service	Sentic	
b. Electrical Service	NU Energy	
c. Solid Waste Disposal Service	Att Was-	Le Management
d. Water Service	Well	0

Property Owner Affidavit

Richard Paul Ma honey **Applicant Name:**

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA)	•
COUNTY OF WASHOE)	
1. Richard Paul Ma honey	
(please print name)	

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Development.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): 400	47
Printed Name_	Richard Paul Mahoney
Signed_	Rich Pan June
Address_	625 Rhodes Rd
	Rem NV 89521
Subscribed and sworn to before me this day of <u></u>	(Notary Stamp)
Quer la ditactical	

JENNIFER L. STANFIELD

Notary Public - State of Nevada County of Washoe

APPT. NO. 14-13949-2

innefer & Standing Motary Public in and for said county and state

My commission expires: 1,-11-19

My App. Expires Jun. 11, 2018 *Owner refers to the following: (Please mark appropriate box.)

- S. Owner
- Corporate Officer/Partner (Provide copy of recorded document indicating authority to sign.)
- Power of Attorney (Provide copy of Power of Attorney.)
- Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

February 2014

Property Owner Affidavit

Applicant Name: ______ Jusan A

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA

COUNTY OF WASHOE

(please print name)

being duly sworn, depose and say that I am the owner* of the property or properties involved in this application as listed below and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I understand that no assurance or guarantee can be given by members of Planning and Development.

(A separate Affidavit must be provided by each property owner named in the title report.)

Assessor Parcel Number(s): _ 017 400	47
Printed Name	Sysan A. Clay
Signed	Jusan A- Clarg
Address_	625 Rhodes Rd
	Rono, NV 89521
Subscribed and sworn to before me this	(Notary Stamp)

Notary Public in and for said county and state

My commission expires: 10-11-18

*Owner refers to the following: (Please mark appropriate box.)

- 🔍 Owner
- Corporate Officer/Partner (Provide copy of recorded document indicating authority to sign.)
- Power of Attorney (Provide copy of Power of Attorney.)
- Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
- Property Agent (Provide copy of record document indicating authority to sign.)
- Letter from Government Agency with Stewardship

February 2014



oe County ii Davis	Treasurer						ph: (775) 328-2510 fax: (775) 328 Email: tax@washoecounty.us
	4						
Bill Deta	il						
							Pay By Check
	Back to	Account Det	ail Change	e of Address	Print t	his Page	Please make checks
Washo	e County Pa	rcel Inform	ation				payable to: WASHOE COUNTY
	Parcel ID		St	atus		Last Update	TREASURER
	01740047		A	ctive	9,	/11/2017 2:11:09 AM	Mailing Address:
MAHON 625 RH	t Owner: EY & CLAY TR ODES RD NV 89521	RUST		SITUS 625 RH WCTY I	IODES RD		P.O. Box 30039 Reno, NV 89520-3039 Overnight Address: 1001 E. Ninth St., Ste D140
Taxing	District			Geo Cl	D:		Reno, NV 89512-2845
			Legal Desci	ription			
Subdivis	ionName_U	NSPECIFIED	Block Lot Towns	hip 17 Range	20 Section	4	
							Change of Address
Install							All requests for a mailing
Period	Due Date	Tax Year	Tax	Penalty/Fee			address change must be submitted in writing,
INST 1	8/21/2017	2017	\$0.00	\$0.00	\$0.00	\$0.00	including a signature
INST 2	10/2/2017	2017	\$1,140.21	\$0.00 \$0		\$1,140.21	(unless using the online
INST 3	1/1/2018	2017	\$1,140.21	\$0.00	\$0.00	\$1,140.21	form).
INST 4	3/5/2018			\$0.00 \$0.00	\$1,140.20 \$3,420.62	To submit your address change online <u>click here</u>	
		rotar buc.	\$3,420.02	40.00	40.00	\$3,420.02	Address change requests
Tax De	tail						may also be faxed to:
				Gross Tax	Credit	Net Tax	(775) 328-2500
State	of Nevada			\$239.29	\$0.00	\$239.29	Address change requests may also be mailed to:
	ee Meadows F	Fire Dist		\$760.09	\$0.00	\$760.09	Washoe County Treasure
	be County			\$1,958.93	\$0.00	\$1,958.93	P O Box 30039 Reno, NV 89520-3039
	be County Sc			\$1,602.52	\$0.00	\$1,602.52	Kenu, NV 05520-5059
	SANT VALLEY		N	\$0.86	\$0.00	\$0.86	
				\$4,561.69	\$0.00	\$4,561.69	
Payme	nt History						
Tax Yea	r Bill Nur	nber	Receipt Number	Amou	int Paid	Last Paid	
	201712	0000	B17.62168	\$1,14	1 07	8/21/2017	

The Washoe County Treasurer's Office makes every effort to produce and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use, or its interpretation. If you have any questions, please contact us at (775) 328-2510 or tax@washoecounty.us

This site is best viewed using Google Chrome, Internet Explorer 11, Mozilla Firefox or Safari.

				WAS	HOE CC	OUNTY ASSE	SSOR PROPER	TY DAT/	4			09/11/2017	
: 017-400-47 Card 1													
Own	er Informatio	n & Legal D	Description						Buil	ding Information	1		
Situs 625 RHODES RD , WASHOE COUNTY 89521							Quality	R35 A Good			Bldg Type	Sgl Farn Res	
Owner 1	MAHONEY & C	LAY TRUST					Stories				Course Free	272	
Mail Address 625 RHODES RD									RYPN	5	Square Feet		
	RENO NV 89					Year Built	1990		Square Feet does r Conversion Area.	not include Base	ement or Garage		
Owner 2 or Trustee	MAHONEY TRU	JSTEE, RICHA	RD				W.A.Y.	1990			Finished Bsmt	0	
Owner 3 or Trustee	CLAY TRUSTEE,	, SUSAN					Bedrooms	3			Unfin Bsmt	0	
Rec Doc No	4735808		Rec Da	te 08/18	3/2017		Full Baths	3			Bsmt Type		
Prior Owner	MAHONEY, RIC	HARD P					Half Baths	1		Ga	ar Conv Sg Foot		
Prior Doc	4511911						Fixtures	16			Total Gar Area		
Keyline Desc	FR NE4 NE4 SE	C4TWP 17T	WP 20 RS 362	9			Fireplaces 0					ATTACHED	
Subdivision	_UNSPECIFIED						Heat Type		VAC		Det Garage		
Lot: Block: Sub Map#							Sec Heat Type		Bsmt Gar Door				
Record of Survey Map: 3629 Parcel Map# 0								SIDING/FR		Sub Floor		WOOD	
Section: 4	Township: 17	Range: 20	S	PC			Sec Ext Walls				FRAME		
Tax Dist	4000 Add'l Ta	ax Info	Prior A	N 017-4	100-46	Roof Cover		COME	SHINGLE	Col	nstruction Mod	0	
Tax Cap Status	Low Cap Qualit	fied Primary R	Residence				Obso/Bldg Adj 0			Units/Bldg			
							% incomplete	ncomplete			Units/Parcel		
						Land Info							
Land Use 20	0					Zoning		S	ewer Sept	ic	NBC	IEJF	
Size 4.0)1 Acre or ~ 174	4,676 SqFt				Water	Well	5	treet Pave	ed	NBC Map	IE NBC Map	
Valua	ation Informa	ation					Sales/Tra	nsfer li	nformation	n/Recorded Docu	iment		
Valuation Hist	ory	2016/17	2017/18	V-Code	LUC	Doc Date	Value/Sale	Value/Sale Price		Grantor		Grantee	
FV		FV	FV	3BGG	200	08-18-2017	7	0	MAHONEY	, RICHARD P	MAHON	EY & CLAY TRUST	
Taxable Land Value 200,500 200,500 38G		3BGG	200	09-10-2015	5	0	MAHONEY, RICHARD A		MAHON	MAHONEY, RICHARD P			
Taxable Improv	vement Value	209,033	201,663	2D	200	03-11-2013	3 5	30,000	GADBOIS,	SHERRI R	MAHON	EY, RICHARD A	
	Taxable Total	409,533	402,163	3BCT 200 03-11-2013		3	0	GADBOIS, GARRY A & SHERRI R GAD		GADBO	BOIS, SHERRI R		
Assessed Land Value 70,175 70,175 3MB		120	06-25-199	3	40,000			GADBO	S, GARRY A & SHERRI				
Assessed Improv	vement Value	73,162	70,582										
	otal Assessed	143.337	140,757										

017-400-47 05/26/2016

If the property sketch is not available on-line you can obtain a copy by calling (775) 328-2277 or send an email to exemptions@washoecounty.us with 'Sketch Request' in the subject line. Please include the APN.

GLA: 2752, WDK1: 640, Sum Area By Label

All parcel data on this page is for use by the Washoe County Assessor for assessment purposes only. Zoning information should be verified with the appropriate planning agency. Summary data may not be a complete representation of the parcel, All Parcels are reappraised each year. This is a true and accurate copy of the records of the Washoe County Assessor's Office as of 09/10/2017.



page 1053



Google Maps



Imagery ©2017 Google, Map data ©2017 Google United States

Sept 14,2017

3 page 3 of 3

9/14/2017, 1:02 PM



CEMENT BOARD SHIP LAP SIDHIG OVER WALL SIDENIA

30,30 51,30 51,30 51,30

XISTING WALL

3068 50 DOOR

EAST ELEVATION

SCALE: 1/4*= 1:0*

NORTH ELEVATION

ARCHITECTURAL LAMINATE SHINGLES

VINY - FRAME WINDOWS, DUAL GLARED, LOW Y 'U' VALUE 0.32 MAX

12



CONST DOC DATES AUG 2017

PRELIM DATES MAY 2017

REVISION DATES





PROJECT # 1705 SHEET TITLE ELEVATIONS

A 2

SHEET NUMBER

WEST ELEVATION

625 RHODES RD WASHOE COUNTY NEVADA PO BOX 4067 SPARKS, NV 89432 Tel (775) 448-6356 Cell (775) 303-4517 RICHARD MAHONEY Architect crippenarch@gmail.com CONST DOC DATES AUG 2017 PROJECT # 1705 SHEET TITLE FLOOR PLANS DETACHED ACCESSORY DWELLING: Crippen James REVISION DATES SHEET NUMBER NO 3208 PRELIM DATES A MAY 2017

