

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: Talarico_Care for the Infirm			
Project Description: Travel Trailer on residential property for the purpose to care for infirm elderly father			
Project Address: 16270 Mt Rose Hwy, Reno 89511			
Project Area (acres or square feet): 63,660 SF			
Project Location (with point of reference to major cross streets AND area locator): Between Thompson Ln and Caswell Ln: Portion sec.34, T18N - R19E (Book 148)			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
049-080-22	1.50		
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: Jennifer & Luigi Talarico		Name:	
Address: 16270 Mt Rose Hwy		Address:	
Zip: 89511		Zip:	
Phone:	Fax:	Phone:	Fax:
Email: snbdjenny@hotmail.com		Email:	
Cell: 714-926-8121	Other:	Cell:	Other:
Contact Person: Jennifer Talarico		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: (same as above)		Name: Lori Fasbinder	
Address:		Address: 16270 Mt Rose Hwy	
Zip:		Zip: 89511	
Phone:	Fax:	Phone:	Fax:
Email:		Email: lorifasbinder@gmail.com	
Cell:	Other:	Cell: 714-926-8120	Other:
Contact Person:		Contact Person: Lori Fasbinder	
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)

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

Travel trailer on residential property to care for infirm elderly father

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

WCC section 110.310.35(f)

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

There is already an established RV pad on the side yard where the Airstream trailer is located.

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?

None

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

No

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?

There is already an established RV pad on the side yard where the Airstream trailer is located.

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?

The Airstream trailer is located adjacent to national forest land with no residences thereon.

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

None

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

There is ample vehicle parking on the property.

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

None. The landscape and fencing already exist.

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.)

None. Already existing.

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.)

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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14. Utilities:

a. Sewer Service	Not on city water; septic system on property
b. Water Service	Not on city water; well on property

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):

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**Administrative Permit Application
Supplemental Information**
(All required information may be separately attached)

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

Joseph Michael Fasbinder

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

Kristen Wises, PA-C Estimated length of on-premise care needed for 2 years

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

Jennifer Liane Talarico, RN

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?

None

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

No

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?

There is already an established RV pad on the side yard where the Airstream trailer is located.

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?

The Airstream trailer is located adjacent to national forest land with no residences thereon.

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

None

b. Sewage (Sanitary Sewer) Service:

The Airstream trailer has a 37-gallon black water tank and a 39-gallon gray water tank. Sewage can be properly disposed of in the property's septic cleanout which is within 10 feet from the rear of the Airstream trailer.

c. Garbage (Solid Waste) Service:

One 11-gallon bag of garbage generated per week to be disposed of in the on-site residential garbage can.

d. Electricity:

A dedicated 30-amp circuit was installed a few years ago to accommodate the electrical power needed for an RV. In addition, the Airstream trailer has two deep-cycle batteries. In the event of a power outage on the property, the Airstream trailer will continue to be powered by its own batteries.

e. Natural Gas:

Not applicable. The Airstream trailer has two 30-pound aluminum propane tanks.

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

The Airstream trailer is located adjacent to national forest land with no residences thereon.

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

None. The landscape and fencing already exist.

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	Galena Volunteer Fire Department, 13959 Thompson Ln
b. Health Care Facility	St Mary's Medical Group Galena, 18653 Wedge Pkwy
c. Elementary School	Hunsberger Elementary, 2505 Crossbow Ct
d. Middle School	Marce Herz Middle School, 13455 Thomas Creek Rd
e. High School	Galena High School, 3600 Butch Cassidy Dr
f. Parks	South Valleys Regional Park, 15650 Wedge Pkwy
g. Library	South Valleys Library, 15650 Wedge Pkwy
h. Citifare Bus Stop	RTC Ride, S Virginia St & Damonte Ranch Pkwy

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

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Kristen Wise 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:

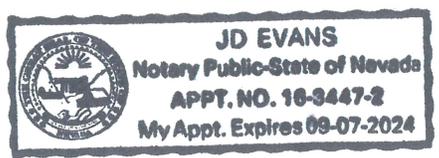
I am a licensed physician caring for Joseph Fasbinder and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That Joseph Fasbinder 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 Kristen Wise, PA
State of Nevada License Number PA 988

Subscribed and sworn to before me this 9th day of August, 2022

[Signature]
Notary Public in and for said county and state



My commission expires: 8th August 2024 9-7-2024

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.



Renown Medical Group South Meadows
10085 Double R Blvd St 120 - Reno, NV 89521-4867
Phone: 775-982-5000 - Fax: 775-982-8180

August 9, 2022

Patient: **Joseph Michael Fasbinder**
Date of Birth: **5/12/1955**
Date of Visit: **8/9/2022**

To Whom it May Concern:

Joseph Fasbinder was seen in my clinic on 8/9/2022. He is under my medical care and comes to appointments routinely. Mr. Fasbinder has a medical condition which requires supervision and assistance. He currently resides in a 34 foot air stream trailer on his daughter's property. It is my medical opinion that to displace this individual could result in bodily harm, worsening of medical condition and negative outcome regarding overall health and wellbeing.

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

Sincerely,

A handwritten signature in blue ink that reads "Kristen Wiese". The signature is written in a cursive style.

Kristen Wiese, P.A.-C.
Electronically Signed

STATE ROUTE 431 - MOUNT ROSE HIGHWAY

EDGE OF TRAVEL LANE
EDGE OF PAVEMENT

N01°00'44"E 103.98'

NDOT R/W ABAND.
20,098 S.F. +/-

SNOW STORAGE

N75°04'36"E 201.04'

N75°04'36"E 201.00'

104.01'

EXISTING
20' SHIPPING
CONTAINER

GRAVEL DRIVEWAY

30' EASEMENT

EXISTING
WELL HEAD

CONCRETE

EXISTING
SHED

LOCATION OF 34' LONG
BY 8' WIDE TRAILER
ON LEVELLED GRAVEL PAD

EXISTING
SINGLE STORY
RESIDENCE

N34°49'20"W 159.23'

PAVER PATIO

32' FROM PL
TO TRAILER

EXISTING CLEANOUT

EXISTING
SEPTIC
TANK

ENCLOSED
ANIMAL
PEN

EXISTING
LAWN

ANIMAL
SHELTER

EXISTING SPLIT
RAIL FENCE

OVERHEAD ELECTRIC
SERVICE

N01°01'54"E 108.63'

ADJUSTED PARCEL, RS 1411
43,561 S.F. +/-

EXISTING
DEER FENCE

356.69'

N46°26'44"E 90.81'

N88°58'07"W 164.67'

TOTAL AREA
63,660 S.F.

