## **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.

		<u> </u>		
Project Information	S	taff Assigned Case No.:		
Project Name: Accesso	ory Dwellin	g Conversion		
Project Convert unperr Description: and office.	mitted apartment	and office to permitted, hab	oitable apartment	
Project Address: 16295 Mount F	Rose Highway, Reno, I	NV 89511		
Project Area (acres or square fe	et): 1122			
Project Location (with point of re	eference to major cross	streets AND area locator):		
Intersection of C	Caswell Lai	ne and Mt Rose	Hwy	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:	
049-070-33	4.97			
Indicate any previous Washo Case No.(s).	oe County approval	s associated with this applicat	tion:	
, ,	ormation (attach	additional sheets if necess	sary)	
Property Owner:		Professional Consultant:		
Name: Kurt Gilson		Name: None		
Address: 16295 Mount Rose Hi	ghway	Address:		
Reno, NV Zip: 89511		Zip:		
Phone: 408-621-4602	Fax:	Phone:	Fax:	
Email: gilkur@yahoo.com		Email:		
Cell: 408-621-4602	Other:	Cell:	Other:	
Contact Person: Kurt Gilson		Contact Person:		
Applicant/Developer:		Other Persons to be Contacted:		
Name: Owner		Name: None		
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 Review Permit Application** for a Detached Accessory Dwelling **Supplemental Information**

(All required information may be separately attached)

		`	
1.	What is the garage)?	size (square	e footage) of the main dwelling or proposed main dwelling (exclude size of
	2225		
2.			e proposed detached accessory dwelling (exclude size of garage)? If a home is the secondary dwelling, list the age and size of the unit.
	1122		
3.	How are you compatibility		integrate the main dwelling and secondary dwelling to provide architectural ructures?
	Keep	exis	ting exteriors
5.			king spaces are available? Parking spaces must be shown on site plan. Are vay, or access improvements be required?
	Four	off-s	treet parking including garage
6.	•		nimize any potential negative impacts (e.g. increased lighting, removal of your project may have on adjacent properties?
	Keep	exis	ting exteriors
7.	Is the subject Committee?	ct property p	part of an active Home Owners Association (HOA) or Architectural Control
	☐ Yes	■ No	If yes, please list the HOA name.
8.			e covenants, recorded conditions, or deed restrictions (CC&Rs) that may ssory dwelling on your property?
	☐ Yes	■ No	If yes, please attach a copy.
9.		nent, mother	elling unit, whether attached or detached, is allowed per parcel. Is there a rin-law unit, next-gen addition with kitchen or any other type of secondary roperty?
	☐ Yes	■ No	If yes, please provide information on the secondary unit.

10. List who the service providers are for the main dwelling and accessory dwelling:

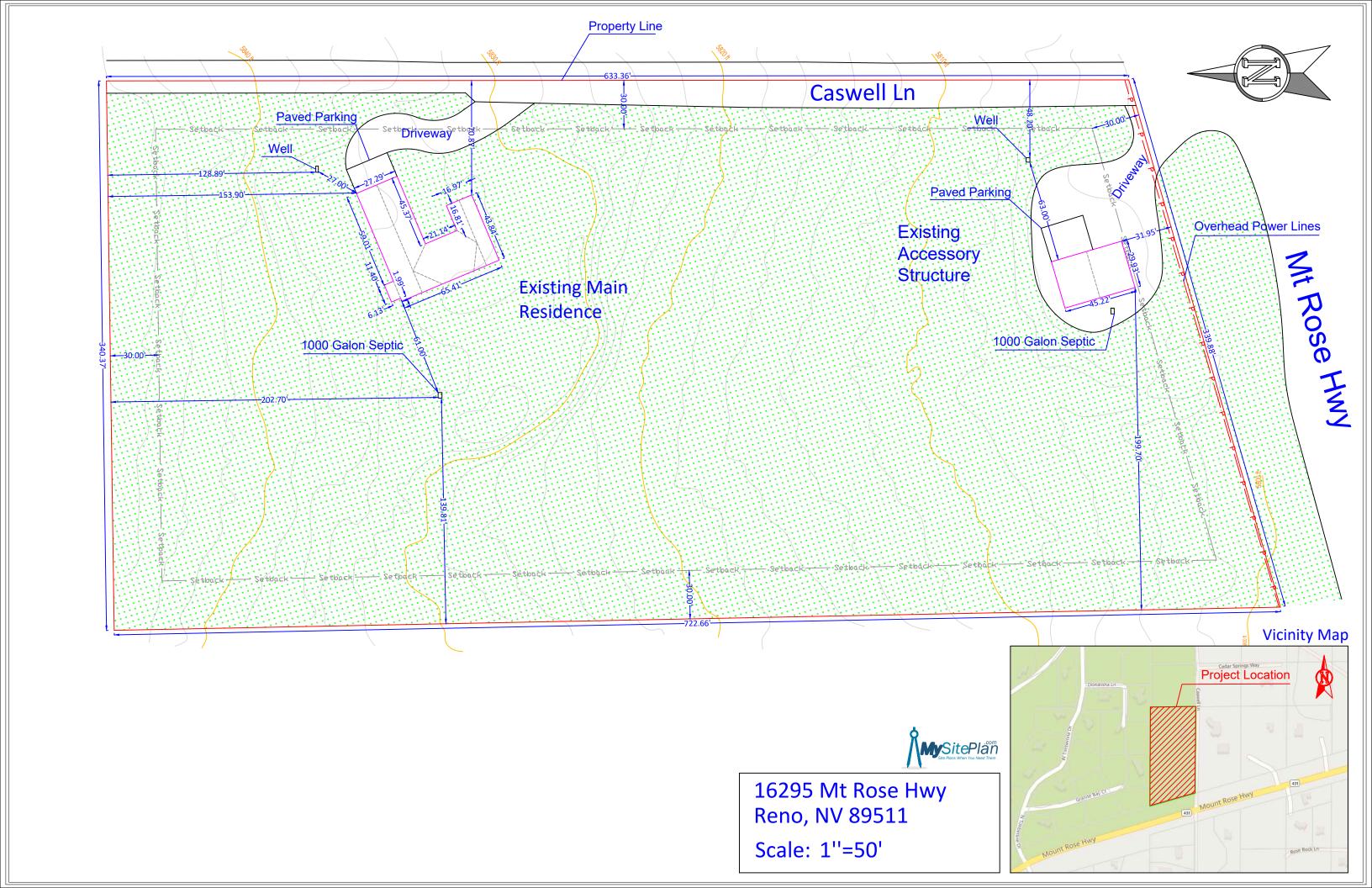
	Main Dwelling	Accessory Dwelling	
Sewer Service	Septic	2nd septic (existing)	
Electrical Service	NV Energy	NV Energy(2nd exist service)	
Solid Waste Disposal Service	Waste Management	Waste Management	
Water Service	Well	2nd well (existing)	

## **Property Owner Affidavit**

Applicant Name: _	KURT	CILSON	
		does not guarantee the application con Code, the Washoe County Master , or that the application is deemed com	
STATE OF NEVADA			
COUNTY OF WASHOE )			
l,	KURT GI	16 100	
	(please pri	nt name)	
information herewith submitted and belief. I understand the Building.	ed are in all respects com at no assurance or guar	vner* of the property or properties invitatements and answers herein contain plete, true, and correct to the best of mantee can be given by members of Figure 1. The property owner named in the title response.	ned and the y knowledge Planning and
			eport.)
Assessor Parcel Number(s):_	0 9	9-070-33	
	Prin	Signed  Address   C295 M + Ro	
Subscribed		Rano, NV 8951	1
Subscribed and sworn to	before me this, <u>2022_</u> .	(Notary Stamp)	
Notary Public in and for said of My commission expires: 04	Manufle county and state	CHERYL BALDOVI-MANV Notary Public - State of Nev. Appointment Recorded in Washoe Co. No: 19-1936-2 - Expires April 27, 2	ILLE ada punty
*Owner refers to the following	: (Please mark appropria	te box.)	
✓ Owner			
⊂ Corporate Officer/Part	tner (Provide copy of reco	ord document indicating authority to sigr	1.)
□ Power of Attorney (President of Attorney)	ovide copy of Power of At	torney.)	,
		perty owner giving legal authority to age	ent )
☐ Property Agent (Provident	de copy of record docume	ent indicating authority to sign.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ent Agency with Stewardsh		

# **Property Owner Affidavit**

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  Lacett  (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 Building.  (A separate Affidavit must be provided by each property owner named in the title report.)  Assessor Parcel Number(s):  O 49 970 - 37  Printed Name  May Dnt Lacett  Signed  Address  Woodly Stamp)  CHERYL BALDOVI-MANVILLE  Mopolymbulic-State of Nevatis  Application and for said county and state  My commission expires:  Office of Please mark appropriate box.)  Owner  Corporate Officer/Partner (Provide copy of Power of Attorney.)  Owner Agent (Provide notarized letter from property owner giving legal authority to sign.)  Property Agent (Provide copy of Power of Attorney.)  Owner Agent (Provide copy of record document indicating authority to sign.)	Applicant Name: KURT GILSUN
applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.  STATE OF NEVADA  COUNTY OF WASHOE  I. May - Britt Laurent  (please print name)  Deing 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 Building.  (A separate Affidavit must be provided by each property owner named in the title report.)  Assessor Parcel Number(s):  O 49 - 970 - 37  Printed Name  May Britter  Signed  Address  Ib 29 S Mowet Dock  (Notary Stamp)  CHERYL BALDOVI-MANVILLE  Motary Putplic in and for said county and state  My commission expires:  O 4 1 - 970  Owner refers to the following: (Please mark appropriate box.)  Owner  Corporate Officer/Partner (Provide copy of Feoord document indicating authority to sign.)  Power of Attorney (Provide copy of Feoord document indicating authority to sign.)  Property Agent (Provide copy of record document indicating authority to sign.)	
(please print name)  (please print name and answers herein contained in the title report.)  (please print name)  (	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.
(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 Building.  (A separate Affidavit must be provided by each property owner named in the title report.)  Assessor Parcel Number(s):  O49 070 37  Printed Name  May Dn H  Address  Ib 295 Mount Dose  Huy  Reno, NV 895II  (Notary Stamp)  Address  In June  My commission expires:  O4 17 2033  Owner  Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)  Property Agent (Provide copy of record document indicating authority to agent.)  Property Agent (Provide copy of record document indicating authority to sign.)	STATE OF NEVADA )
Deing 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 Building.  (A separate Affidavit must be provided by each property owner named in the title report.)  Assessor Parcel Number(s):  O49 9 37  Printed Name  May Brit Faurent  Signed  Address  Ib 295 Mount Dose Hove  Recourse W 89511  (Notary Stamp)  CHERYL BALDOVI-MANVILLE  Notary Public in and for said county and state  My commission expires:  O427/2023  Owner refers to the following: (Please mark appropriate box.)  Owner  Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)  Property Agent (Provide notarized letter from property owner giving legal authority to sign.)	COUNTY OF WASHOE )
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Address   Day   Ballovi	(please print name)
Printed Name May Brit Laurent  Signed   Address 16 29 S Mount Dose Have Rever Notary Public - State of Nevada Appointment Recorded in Washen Country Notary Public - State of Nevada Appointment Recorded in Washen Country Notary Public - State of Nevada Appointment Recorded in Washen Country Notary Public - State of Nevada Notary Public - State of Nevada Appointment Recorded in Washen Country No: 19-1936-2 - Expires April 27, 2023  Owner refers to the following: (Please mark appropriate box.)  Owner Gorporate Officer/Partner (Provide copy of record document indicating authority to sign.)  Power of Attorney (Provide rotarized letter from property owner giving legal authority to agent.)  Property Agent (Provide copy of record document indicating authority to sign.)	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 Building.
Signed  Address   15 29 S Mount Dose Have  Reve NV 895    Cherry Ballow Many lills (Notary Stamp)  Cherry Ballow Many l	(A separate Affidavit must be provided by each property owner named in the title report.)
Address   D 29 S Mount Dose   Hwy Ren   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of State of Novada   Appointment Recorded in Washoe County   Not 19-1936-2 - Expires April 27, 2023   Notary Public of State of Novada   Notary Public of State of Novada   Not 19-1936-2 - Expires April 27, 2023   Notary Public of State of Novada   Nova	Assessor Parcel Number(s): 049 - 070 - 33
Address   D 29 S Mount Dose   Hwy Ren   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of and for said county and state   Notary Public of State of Novada   Appointment Recorded in Washoe County   Not 19-1936-2 - Expires April 27, 2023   Notary Public of State of Novada   Notary Public of State of Novada   Not 19-1936-2 - Expires April 27, 2023   Notary Public of State of Novada   Nova	Drintad Name Ma Bith I amak
Address   b 29 S Mount Dose Hwy  Rew NN 895     Address   b 29 S Mount Dose Hwy	Printed Name 14 aug ont Laurent
Subscribed and sworn to before me this  17 day of	Signed
Appointment Recorded in Washoe County Notary Public - State of Nevada Appointment Recorded in Washoe County Not 19-1936-2 - Expires April 27, 2023  Owner refers to the following: (Please mark appropriate box.)  Owner  Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)  Power of Attorney (Provide notarized letter from property owner giving legal authority to agent.)  Property Agent (Provide copy of record document indicating authority to sign.)	Address 16295 Mount Dose Hus
Aday of	Subscribed and sworn to before me this
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Notary Public in and for said county and state  My commission expires:  Out 27 2023  Owner refers to the following: (Please mark appropriate box.)  Owner  Corporate Officer/Partner (Provide copy of record 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 sign.)  Property Agent (Provide copy of record document indicating authority to sign.)	Here & Bellow May Co
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Owner  Corporate Officer/Partner (Provide copy of record 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.)	My commission expires: 04/27/2023  Appointment Recorded in Washoe County No: 19-1936-2 - Expires April 27, 2023
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	Property Agent (Provide notalized letter from property owner giving legal authority to agent.)
☐ Letter from Government Agency with Stewardship	☐ Letter from Government Agency with Stewardship



#### SUBJECT PROPERTY PHOTO ADDENDUM

Borrower: Kurt Gilson File No.: 032217RC

Property Address: 16295 Mount Rose Hwy Case No.: 5004482209

City: Reno State: NV Zip: 89511

Lender: American Neighborhood Mortgage Acceptance Co



# FRONT VIEW OF SUBJECT PROPERTY

Appraised Date: March 21, 2022 Appraised Value: \$1,000,000

(East Side)



#### REAR VIEW OF SUBJECT PROPERTY

(West Side)



STREET SCENE

Borrower: Kurt Gilson File No.: 032217RC

Property Address: 16295 Mount Rose Hwy Case No.: 5004482209

City: Reno State: NV Zip: 89511

Lender: American Neighborhood Mortgage Acceptance Co





Street Scene Front Side





Front Side Back Side /@adfZ.EJVWV





PHT6

Front Side (EagfZEIWM) Front

Produced using ACI software, 800.234.8727 www.aciweb.com

Borrower: Kurt GilsonFile No.: 032217RCProperty Address: 16295 Mount Rose HwyCase No.: 5004482209City: RenoState: NVZip: 89511Lender: American Neighborhood Mortgage Acceptance Co





Front Shop, Office Front Shop, Office



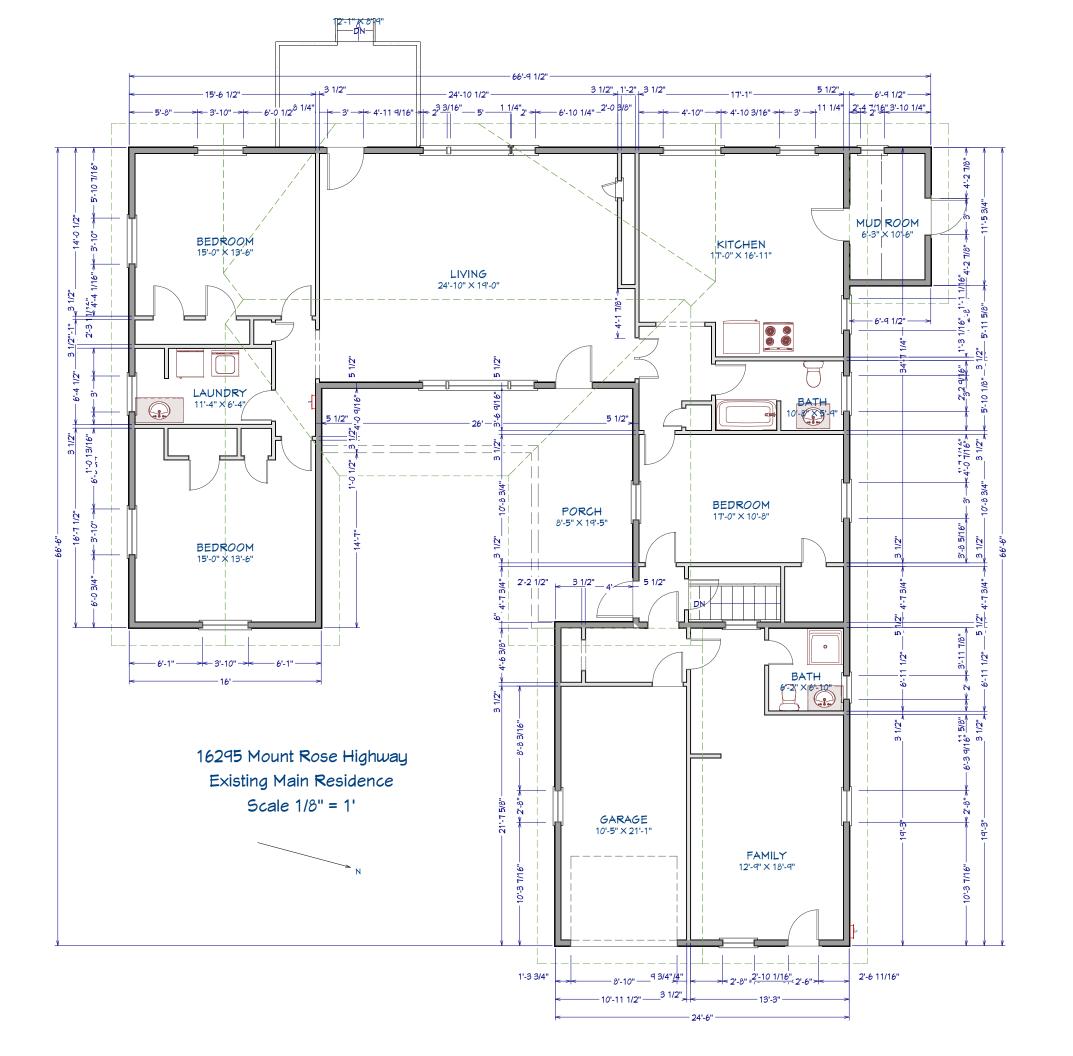


Front Shop, Office (East Side) Back Side Shop, Office (South Side)





Front Side Shop, Office (North Side) Rear Shop, Office (West Side)



#### **FLOORPLAN SKETCH**

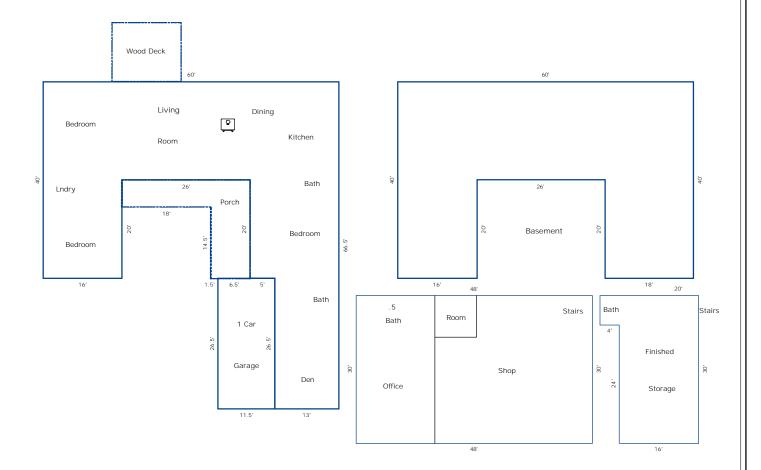
 Borrower: Kurt Gilson
 File No.: 032217RC

 Property Address: 16295 Mount Rose Hwy
 Case No.: 5004482209

 City: Reno
 State: NV
 Zip: 89511

Lender: American Neighborhood Mortgage Acceptance Co

## Living Area from Appraisal

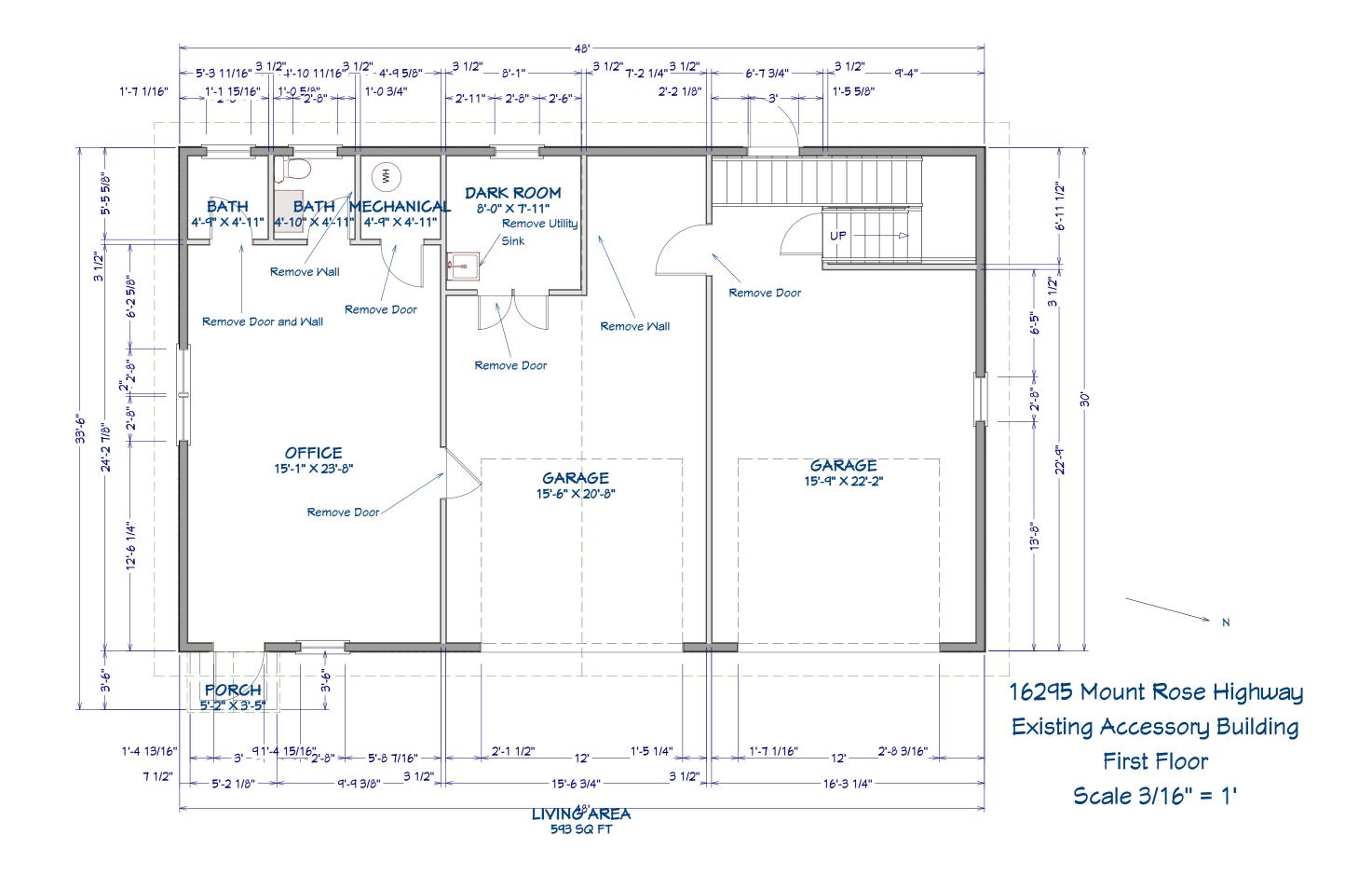


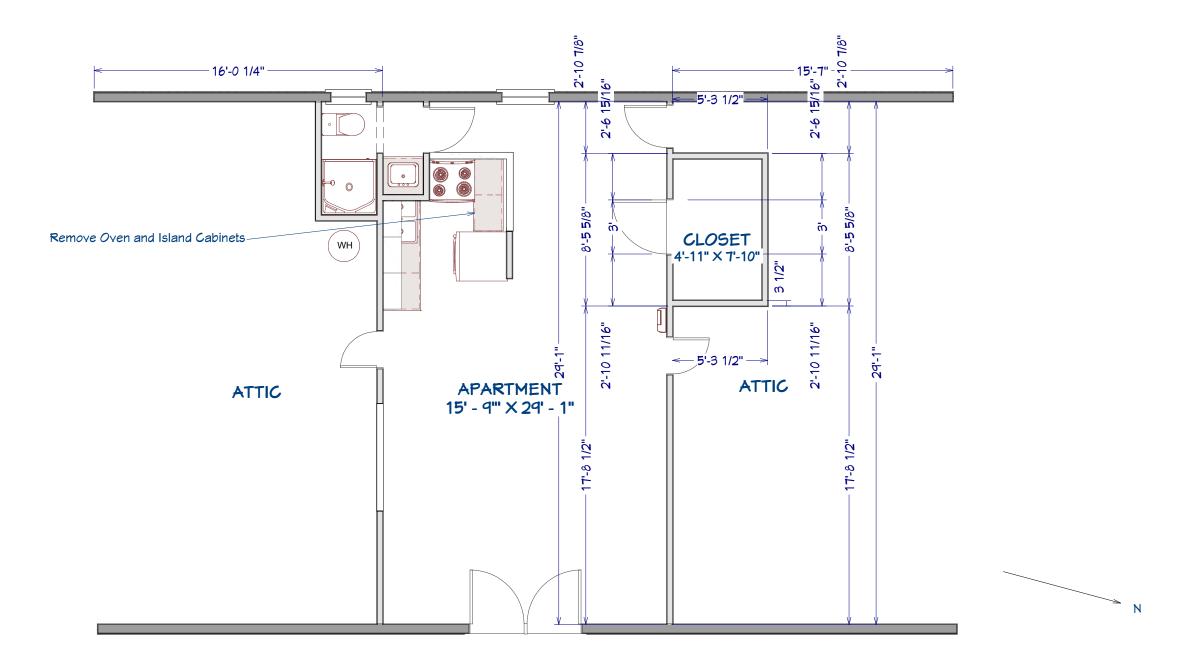
Sketch by Apex Medina™

Comments:

Code	AREA CALCULATION Description	NS SUMMARY	Net Totals
GLA1 BSMT GAR P/P	First Floor Basement Garage Porch	2224.5 1880.0 304.8 258.4	2224.5 1880.0 304.8
ОТН	Wood Deck Shop Finished Storage	168.0 1440.0 504.0	426.4 1944.0
Net	LIVABLE Area	(rounded)	2225

LIVI	NG A	REA	BREAKD	OWN
	Breakd	own		Subtotals
First Floor				
	60.0	x	20.0	1200.0
	26.5	x	13.0	344.5
	20.0		18.0	360.0
	20.0	x	16.0	320.0
4 Items		(	(rounded)	2225





16295 Mount Rose Highway
Existing Accessory Building
Second Floor
Scale 3/16" = 1'

