Community Services Department Planning and Development ADMINISTRATIVE PERMIT APPLICATION

(Care for the Infirm see page 9)



Community Services Department Planning and Development 1001 E. Ninth St., Bldg. A Reno, NV 89520

Telephone: 775.328.3600

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.

Project Information Staff Assigned Case No.:						
Project Name: METAL	STORAGE IG FAMILY	BUILDING	3			
Project CONSTRUCT A PREFAB STOR, BUILDING Description:						
Project Address: 265	BRIDGE 5	TREET, VERDI, NV	89439			
Project Area (acres or square fe		1				
Project Location (with point of re OF LOTS (KATZ OUT BUILD INGS	eference to major cross	streets AND area locator): LOCA CING OLD GARAC OM BRIDGE STREE	TED MIDDLE			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:			
038-072-19	1,5/AC					
Section(s)/Township/Range:		1	185			
Indicate any previous Washo Case No.(s).	e County approval	s associated with this applicat	ion:			
	ormation (attach	additional sheets if necess	ary)			
Property Owner:		Professional Consultant:				
Name: POWING FAM	ILY TRUST	Name: PAUL LUKSZ	ADITRO			
Address: 25 NIGHTO	WLDR.	Address: 1890 McCLO				
RENO NV.	Zip: 89523		Zip: 89512			
Phone: Ø	Fax: 6	Phone: 325-8791	Fax:			
Email:		Email: PAUL BYENOTES	dential com			
Cell: 722-3041	Other:	Cell: 232-8450	Other:			
Contact Person:		Contact Person: PANL LL	IKSZA			
Applicant/Developer:		Other Persons to be Contacto	ed:			
Name:		Name:				
Address:		Address:				
	Zip:		Zip:			
Phone:	Fax:	Phone:	Fax:			
Email:		Email:				
Cell:	Other:	Cell:	Other:			
Contact Person:	2	Contact Person:				
	For Office	Use Only				
Date Received:	Initial:	Planning Area:				
County Commission District:	1	Master Plan Designation(s):				
CAB(s):		Regulatory Zoning(s):				

Property Owner Affidavit

Applicant Name:
i «
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 t hat the application is deemed complete and will be processed.
STATE OF NEVADA)
COUNTY OF WASHOE)
The state of the s
I,
(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):
Printed Name
Signed
Address
Subscribed and sworn to before me this
day of,, (Notary Stamp)
Notary Public in and for said county and state
My commission expires:
*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 agent.)
□ Property Agent (Provide copy of record document indicating authority to sign.)
□ Letter from Government Agency with Stewardship

Property Ov	vner Affidavit
Applicant Name: / / // // // // // // Applicant Name:	Tanmena
requirements of the Washoe County Developmen	al does not guarantee the application complies with all nt Code, the Washoe County Master Plan or the lng, or t hat the application is deemed complete and
STATE OF NEVADA	
COUNTY OF WASHOE Mule Same 19 (please p	stee Housing Family, M.
eing duly swom, depose and say that I am the opposition as listed below and that the foregoing information herewith submitted are in all respects co	owner* of the property or properties involved in this statements and answers herein contained and the mplete, true, and correct to the best of my knowledge arantee can be given by members of Planning and
(A separate Affidavit must be provided by ea	ach property owner named in the title report.)
ssessor Parcel Number(s):	distribuya yinuni seriladir molyang yas da ilah
(VISSESSA) (elevela levela le	rinted Name Speint Truewing
	Signed / Keile / Smereng
	Address 25 1 / Mahtmet A
	Address 82 / Control
ubscribed and sworn to before me this Zo day of March 2017.	(Notary Stamp)
	* operation of the second of t
UhX 1/A	ANDREW NORDSTROM Notary Public - State of Nevada
otary Public in and for said county and state	Appointment Recorded in Washoe County No: 16-2786-2 - Expires July 1, 2020
y commission expires:/// 2020	NO. 10-27002 - Expressing 1, Eoco ;
wner refers to the following: (Please mark appropri	riate hov)
	idea duri,
☐ Owner ☐ Corporate Officer/Partner (Provide copy of re	cord document indicating authority to sign.)
Power of Attorney (Provide copy of Power of	
	roperty owner giving legal authority to agent.)
☐ Property Agent (Provide copy of record documents)	

☐ Letter from Government Agency with Stewardship

Washoe County Development Application

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Project Information	S	Staff Assigned Case No.:			
Project Name:					
Project Description:					
Project Address:					
Project Area (acres or square fee	9t);				
Project Location (with point of re	ference to major cross	streets AND area locator):	*:		
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:		
Section(s)/Township/Range: Indicate any previous Washe	le County annroyal	s associated with this applicat	ion:		
Case No.(s).	anny approval		V V		
	ormation (attach	additional sheets if necess	ary)		
Property Owner:		Professional Consultant:			
Name:	:	Name:			
Address:		Address:			
	Zip:		Zip:		
Phone:	Fax:	Phone:	Fax:		
Email:		Email:			
Cell:	Other:	Cell:	Other:		
Contact Person:		Contact Person:			
Applicant/Developer:		Other Persons to be Contacted:			
Name: МОЯТЗОЯОИ WЕЯВИА		Name:			
Address: Seeds With believes inserting	A ROBERT L	Address:			
o. 16-2785-2 - Expires July 1, 2020 I	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):			

4. What is the intended phasing schedule for the construction and completion of the project?

STARTING JUNE 2017 AND FINISHING NOW 2017

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

NONE, THERE ARE SEVERAL OF THIS TYPE MT'L, BUILDINGS IN THE AREA.

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

PARKED TRAILER, THEY'L BE HOUSED IN THIS NEW BUILDING. (CLEANS UP LOT)

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

WE WILL USE NATURAL COLORS AND PLANT TREES TO EDFTEN STRUCTURE SIDES BLUGG WILL BE LIGHT GRAY WITH A CHARCOAL ROOF

Administrative Permit Application Supplemental Information

(All required information may be separately attached)

Chapter 110 of the Washoe County Code is commonly known as the Development Code. Specific references to administrative permits may be found in Article 808, Administrative Permits.

1	What is	s the type	of project	or use	heina	requested?

PREFAB MT'L. BUILDING FOR FAMILY STORAGE AND HORBY WORKSHOP.

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

LOGATED IN CENTER OF LISAC, LOT REPLACING

3. 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

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

STRICKLY USED FOR STORAGE WITH ASPACE FOR FAMILY HORBIES

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

NONE

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

ADDING THREE TREES ALONG WEST SIDE OF BUILDING, NEW AND EXISTING TREES SHOW ON SITE PLAN,

11. 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

☐ Yes		⊠ No	
Jtilities:	,		
a. Sewer Service	NA		
b. Water Service	NA.	4	
		r rights to Washoe Counshould dedication be requarre-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 Department of Cons 	(as filed with the State servation and Natural Re	e Engineer in the Divisior esources): 	n of Water Resources o
,			

NOTICE OF TAXES WASHOE COUNTY, NEVADA

OFFICE LOCATION: 1001 E NINTH 8T-BLDG D RM140 RENO, NV TAMMI DAVIS TREASURER tax@washoecounty.us
Annual - Real

2016063351 www.washoecounty.us/treas PHONE 775-328-2510 FAX 775-328-2500 04/17/2017 8:38 am

TAX YEAR	PIN	NAME		PROPERTY LOCATION AND DESCRIPTION		
2016	03607219	POWNING TRUSTEE, GREGORY V&		285 BRIDGE ST SUBDIVISIONNAME KATZ ADDITION LINGEFICIAL		
AREA	TAX RATE					
4011	3.2402000000			TOWNSHIP 19 SECTION 8 LOT BLOCK RANGE		
	ASSESS	SED VALUATION		EXEMPTION VALUES		
LAND VALUE IMPROVEMENT V	ALUE		37,600 14,577	EXEMPTION VALUE 0.00		
TOTAL ASSESSE	D VALUE		52,377			

2016 ACCOUNT SUMMAR	ξY
GROSS AD VALOREM TAX	1,697.14
ABATEMENT AMOUNT -ABATEMENT APPUED LIMITS INCREASE TO 0.2%*	-475,79
RECAPTURE TAX	0.00
NET AD VALOREM TAX	1,221.35
EXEMPTION AMOUNT	00.0
SPECIAL ASSESSMENTS	0.58
PENALTIES	0.00
FEES	0.00
INTEREST	0.00
TOTAL AMOUNT BILLED	1,221.93
LESS PAYMENTS APPLIED	1,221.03
BALANCE REMAINING	0.00
PRIOR YEAR DELINQUENCIES	0.00
TOTAL BALANCE OWING	\$8-90
Amount good through 04/17/2017	********

2016 BILLING DETAIL

TAXING AGENCY	RATE	AMOUNT	SPEC, ABBESSMENTS	RATE	AMOUNT		
STATE OF NEVADA	0.170000000	64.08	TRUCKEE CANYON WATER BASIN		0.68		
TRUCKEE MEADOWS FIRE DIST	0.540000000	203.55			0.00		
SCHOOL DEBT	0.388500000	146,43					
SCHOOL GENERAL	0.750000000	282.70					
COUNTY GENERAL	1.326800000	500.13					
COUNTY DEBT	0.034900000	13,16					
ANIMAL SHELTER OP	0.030000000	11.30					
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	-						
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IF PROPERTY IS PROTECTED BY BANKRUPTCY, THIS IS FOR YOUR INFORMATION. DO NOT CONSIDER THIS AS AN ATTEMPT TO COLLECT.

PAYMENTS RECEIVED WILL BE APPLIED TO THE OLDEST CHARGES FIRST.
TO AVOID LATE CHARGES, PAYMENTS MUST BE POSTMARKED BY THE DUE DATE.
ALL DELINQUENT AMOUNTS ARE DUE IMMEDIATELY.

03807219 POWNING FAMILY TRUST 25 NIGHTOWL DR RENO NV 89523 PLEASE INCLUDE APPROPRIATE STUBS WITH PAYMENT TO ASSURE PROPER CREDIT.

MAKE REMITTANCES PAYABLE TO: WASHOE COUNTY TREASURER P O BOX 30039 RENO NV 88820-3038

SEE REVERSE FOR INFORMATION.



























