

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

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:			
Project Address:			
Project Area (acres or square feet):			
Project Location (with point of reference to major cross streets AND area locator):			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
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:		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:		Name:	
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 Permit Application Supplemental Information

(All required information may be separately attached)

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

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

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

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?

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

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?

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

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

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

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

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

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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.)

--

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 type="checkbox"/> No
------------------------------	-----------------------------

14. Utilities:

a. Sewer Service	
b. Water Service	

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 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:

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):

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

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.)

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

a. Water Service:

b. Sewage (Sanitary Sewer) Service:

c. Garbage (Solid Waste) Service:

d. Electricity:

e. Natural Gas:

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

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

--

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 type="checkbox"/> No
------------------------------	-----------------------------

9. Community Services (provided and nearest facility):

a. Fire Station	
b. Health Care Facility	
c. Elementary School	
d. Middle School	
e. High School	
f. Parks	
g. Library	
h. Citifare Bus Stop	

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

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, _____ 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 _____ and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That _____ 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 _____

State of Nevada License Number _____

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Public in and for said county and state

My commission expires: _____

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.

SPECIAL USE PERMIT FOR Wadsworth RV Resort WASHOE COUNTY

WADSWORTH

NEVADA

OWNER

WALIGORA 1998 TRUST
1001 SILVER FOX CIRCLE
VERDI NV, 89439

DEVELOPER

RON SMITH, LLC
5701 LONETREE BOULEVARD #102
ROCKLIN, CA 95765

ENGINEER



SHEET INDEX

T-1	TITLE SHEET
S-1	PRELIMINARY SITE PLAN
G-1 TO G-3	PRELIMINARY GRADING PLAN AND EROSION CONTROL
U-1	PRELIMINARY UTILITY PLAN
X-1	CROSS SECTIONS AND DETAILS
L1	PRELIMINARY LANDSCAPE PLAN

PROJECT DATA

APNs (ACRES)	084-292-13 (11.2)
	084-292-14 (5.0)
	084-292-15 (6.3)
	084-292-16 (6.6)
TOTAL AREA	29.09 ACRES
STRUCTURES AREA	0.31 ACRES
ROADS AREA	6.31 ACRES
CONCRETE AREA	0.70 ACRES
POROUS RV SITE AREA	3.56 ACRES
HARD PAVED RV SITE AREA	2.92 ACRES
LANDSCAPE AREA	15.29 ACRES
PASSIVE OPEN SPACE	14.99 ACRES
ACTIVE OPEN SPACE	1.30 ACRES
ZONING	TOURIST COMMERCIAL (TC)
FEMA ZONE DESIGNATIONS	UNSHADED X / AE WITH BFE

PUBLIC UTILITIES & SERVICES

GAS & ELECTRICAL SERVICE	NV ENERGY
WATER SERVICE	TRUCKEE MEADOWS WATER AUTHORITY
WASTE SERVICE	WASTE MANAGEMENT
TELEPHONE SERVICE	AT&T COMMUNICATIONS
FIRE PROTECTION	TRUCKEE MEADOWS FIRE DISTRICT
POLICE PROTECTION	WASHOE COUNTY SHERIFF DEPARTMENT

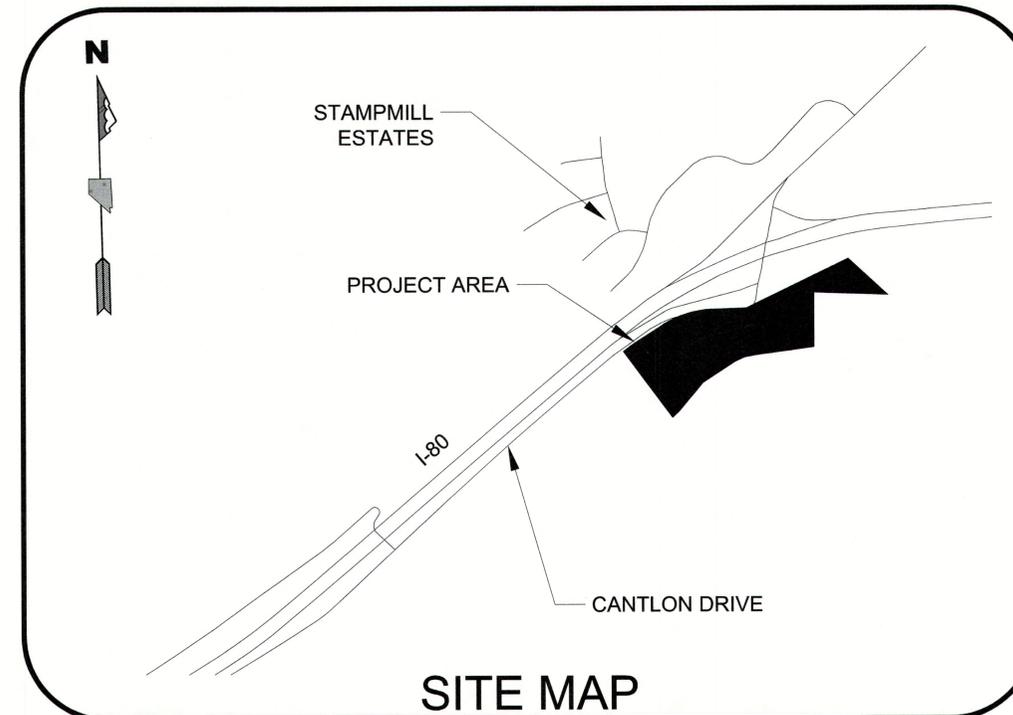
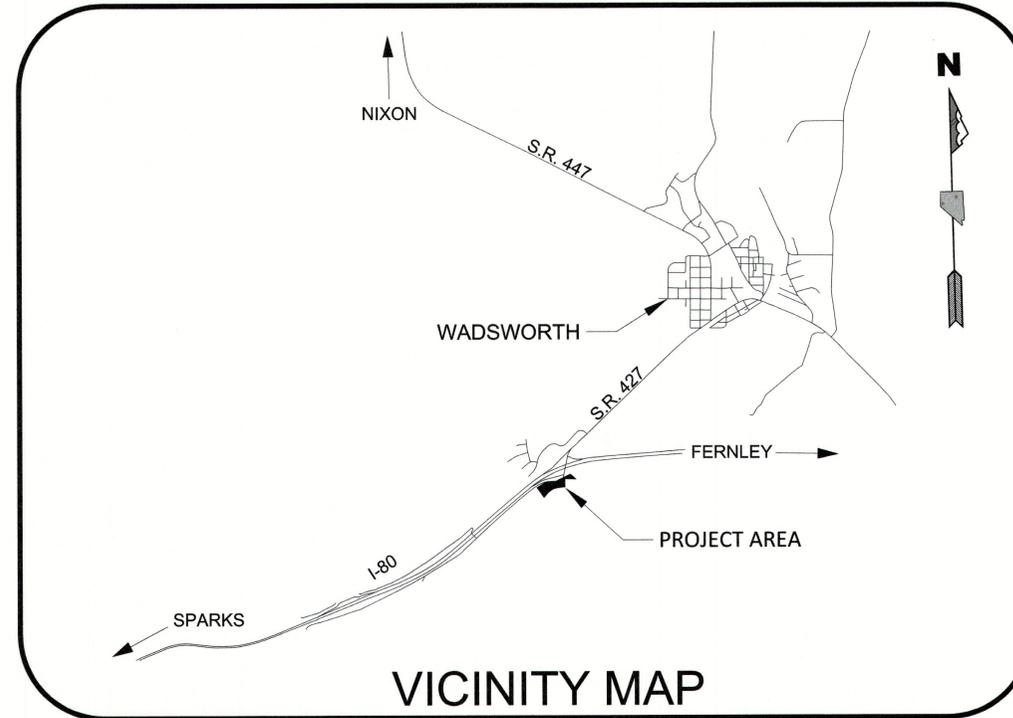
ENGINEER'S STATEMENT

I, CLINTON G. THIESSE, DO HEREBY CERTIFY THAT THESE PLANS HAVE BEEN COMPLETED BY ME, OR UNDER MY DIRECT SUPERVISION, AND IS IN SUBSTANTIAL COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE WASHOE COUNT DEVELOPMENT CODE.



CLINTON G. THIESSE

P.E. #06159



RV RESORT FEATURES

- 196 RV SITES (8 ADA)
- CHECK-IN OFFICE
- LAUNDRY FACILITIES
- MINI-MARKET
- PICKLEBALL
- HORSESHOE PITCH
- BOCCIE
- PUTTING GREEN
- PICNIC AREA
- COMMUNITY FIRE PIT
- CLUBHOUSE & POOL
- UNISEX WASHROOMS
- MAINTENANCE SHED
- BARK PARK & PET AREAS

LEGEND

	PROPOSED BUILDING		INSTALL CONSTRUCTION SITE ENTRANCE & EXIT (BMP SC-8)
	PROPOSED LANDSCAPING		INSTALL FIBER ROLLS (BMP SC-1)
	PROPOSED CONCRETE		SOLID AND DEMOLITION WASTE MANAGEMENT (BMP GM-3)
	PROPOSED GRAVEL PAVEMENT		HANDLING AND DISPOSAL OF CONCRETE AND CEMENT (BMP GM-9)
	PROPOSED GRAVEL ROADWAY		STREET & SURFACE CLEANING (BMP GM-5)
	PROPOSED ASPHALT ROADWAY		
	EXISTING WELL (TO BE ABANDONED)		
	PROPOSED FIRE HYDRANT		
	PROPOSED SANITARY SEWER		
	PROPOSED WATER		
	PROPOSED RECLAIMED WATER		
	EXISTING OVERHEAD ELECTRICAL		
	PROPERTY LINE		
	PROPOSED FENCE		
	CENTERLINE		

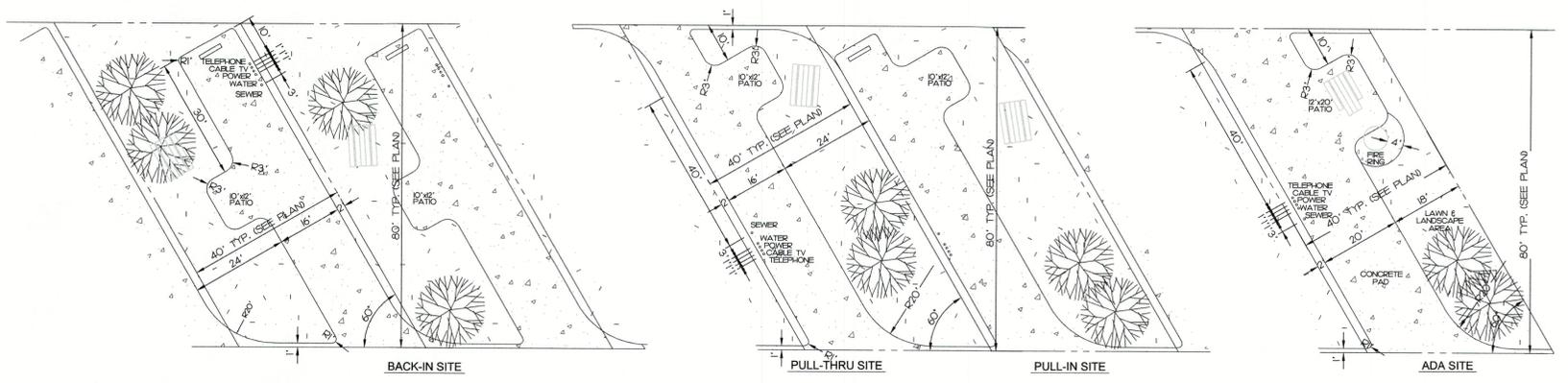


REV.	DATE	DESCRIPTION	BY	APP'D

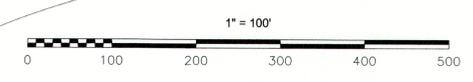
SPECIAL USE PERMIT FOR
 WADSWORTH RV RESORT
 TITLE SHEET
 WADSWORTH WASHOE COUNTY NEVADA

JOB NO:	J31139
DRAWN BY:	mbelanger
DESIGNED BY:	MBB
CHECKED BY:	CGT
SCALE	HORZ: N.T.S.
	VERT: N.T.S.

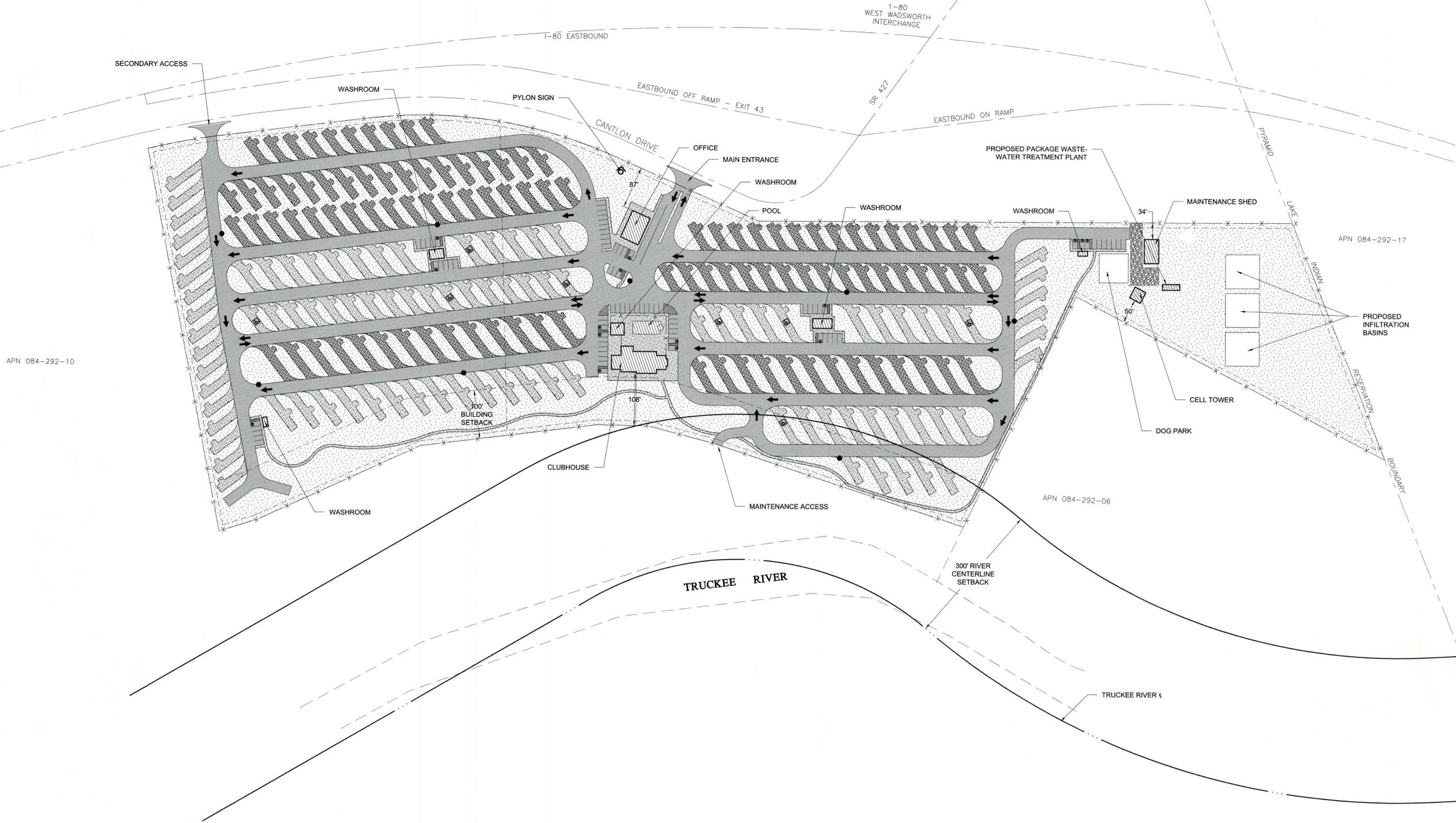
SHEET	TOTAL
T-1	OF 8



***SEE TITLE FOR LEGEND



REV.	DATE	DESCRIPTION	BY	APP'D



**SPECIAL USE PERMIT FOR
WADSWORTH RV RESORT
SITE LAYOUT**

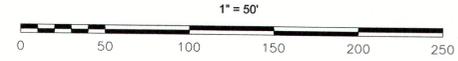
NEVADA
WASHOE COUNTY

JOB NO: J31139
 DRAWN BY: mbelanger
 DESIGNED BY: MBB
 CHECKED BY: CGT
 SCALE: HORZ: 1"=100'
 VERT: N.T.S.



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***SEE TITLE FOR LEGEND

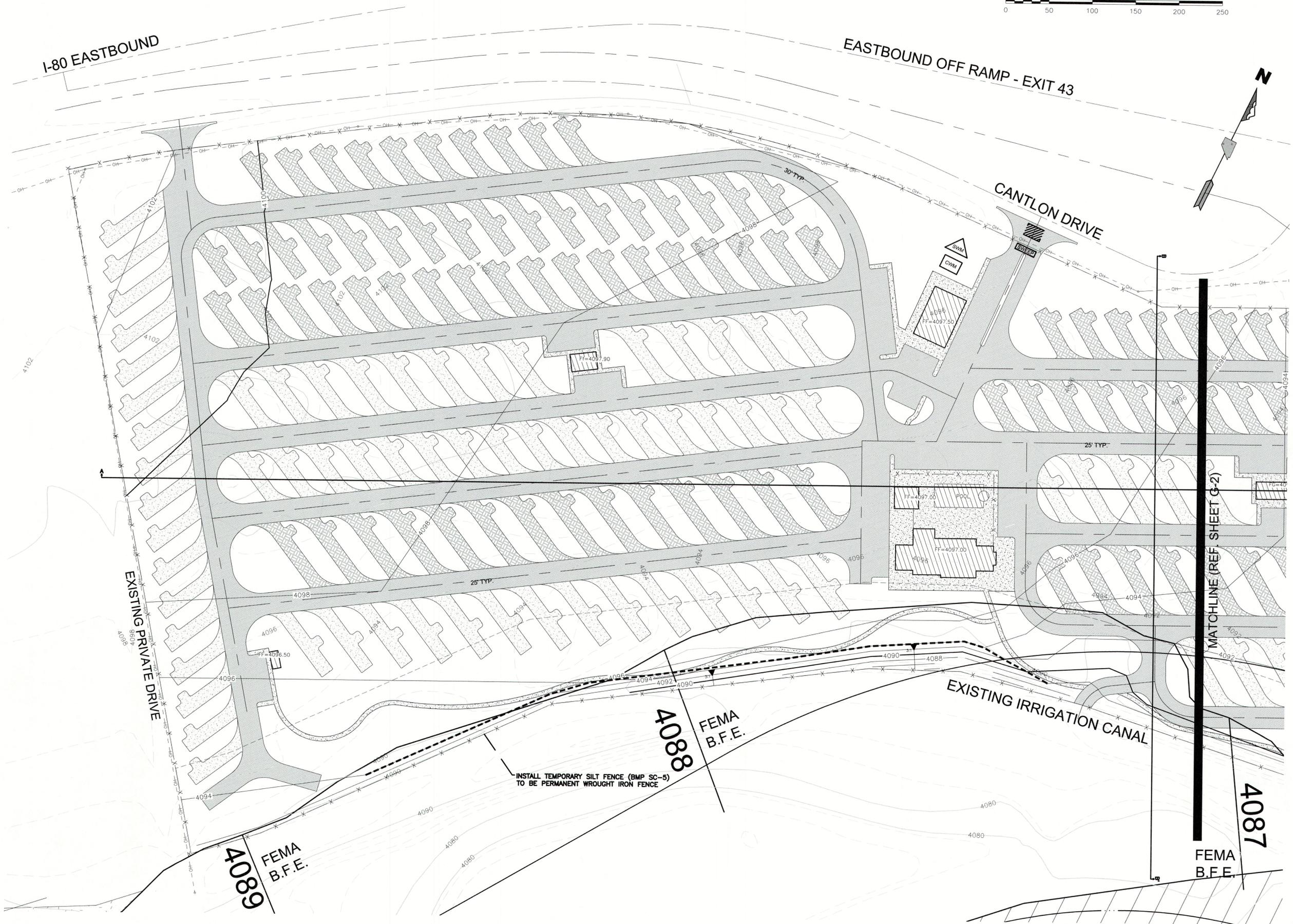
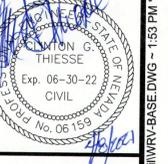


REV.	DATE	DESCRIPTION	BY	APPD

**SPECIAL USE PERMIT FOR
WADSWORTH RV RESORT
PRELIMINARY GRADING LAYOUT**

WADSWORTH WASHOE COUNTY NEVADA

JOB NO: J31139
 DRAWN BY: mbelanger
 DESIGNED BY: MBB
 CHECKED BY: CGT
 SCALE HORZ: 1"=50'
 VERT: 2' C.I.

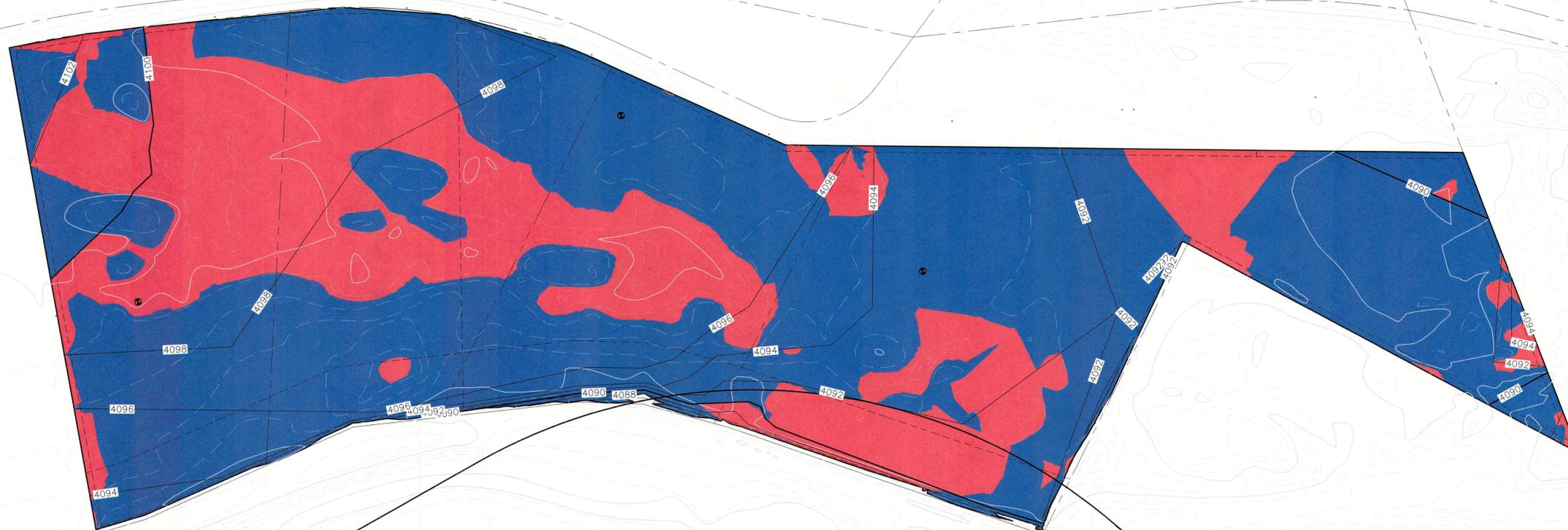


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Elevations Table			
Number	Minimum Elevation	Maximum Elevation	Color
1	5.077	0.000	Red
2	0.000	6.160	Blue

***SEE TITLE FOR LEGEND

1" = 100'



300' RIVER
CENTERLINE
SETBACK

TRUCKEE RIVER

300' RIVER
CENTERLINE
SETBACK

TRUCKEE RIVER



REV.	DATE	DESCRIPTION	BY	APPD

**SPECIAL USE PERMIT FOR
WADSWORTH RV RESORT
CUT/FILL DISPLAY MAP**

WADSWORTH WASHOE COUNTY NEVADA

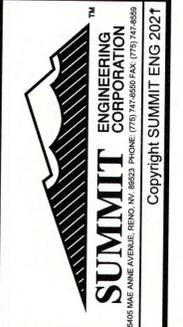
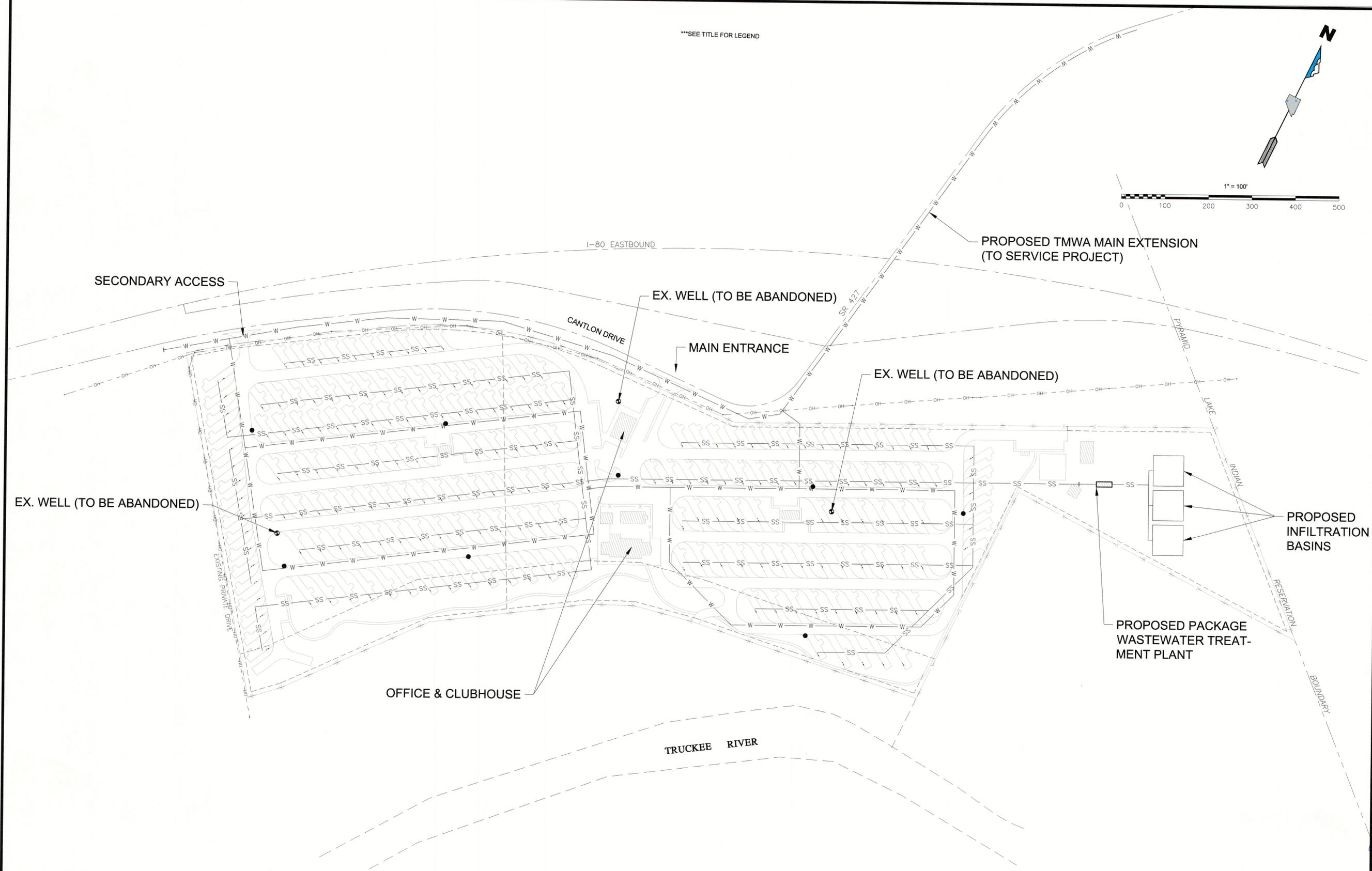
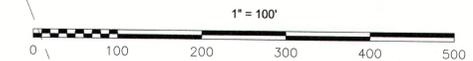
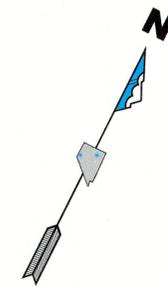
JOB NO: J31139
 DRAWN BY: mbelanger
 DESIGNED BY: MBB
 CHECKED BY: CGT
 SCALE: HORZ: 1"=100'
 VERT: 2" C.I.



SHEET TOTAL
G-3 OF 8

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***SEE TITLE FOR LEGEND



REV.	DATE	DESCRIPTION	BY	APP'D

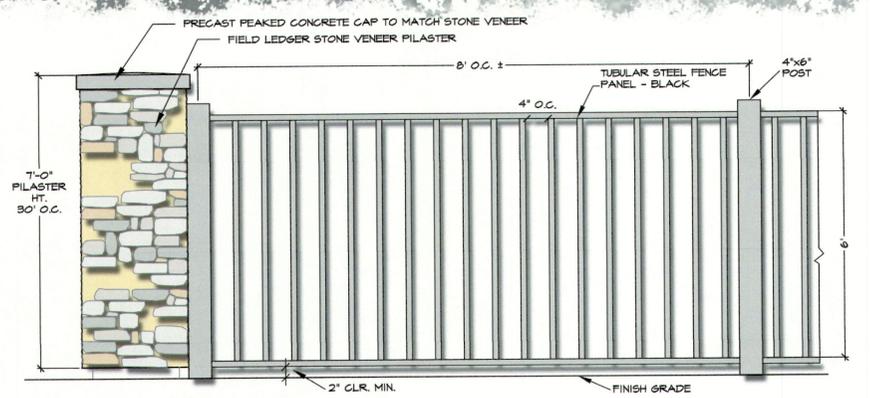
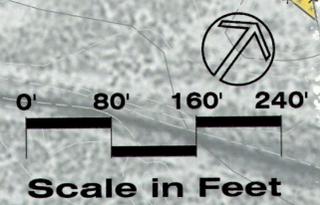
**SPECIAL USE PERMIT FOR
WADSWORTH RV RESORT
PRELIMINARY UTILITY LAYOUT**

NEVADA
WASHOE COUNTY
WADSWORTH

JOB NO: J31139
 DRAWN BY: mbelanger
 DESIGNED BY: MBB
 CHECKED BY: CGT
 SCALE HORZ: 1"=100'
 VERT: N.T.S.



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CONCEPTUAL METAL FENCE WITH PILASTER
NOT TO SCALE

GENERAL NOTES

1. ALL PLANTING AND IRRIGATION SHALL BE INSTALLED PER LOCAL GOVERNING CODES.
2. TREES - FINAL QUANTITIES WILL BE DETERMINED DURING FINAL DESIGN. DECIDUOUS TREES SHALL HAVE A 2" CAL. AT TIME OF PLANTING. EVERGREEN TREES SHALL BE A MIN. OF 7' HT. AT TIME OF PLANTING.
3. SHRUBS - QUANTITIES WILL BE DETERMINED DURING FINAL DESIGN.
 - 50% OF SHRUBS SHALL BE 5 GAL. SIZE
 - 50% OF SHRUBS SHALL BE MIN 1 GAL. SIZE
4. FINAL PLANT SELECTION AND LAYOUT WILL BE BASED ON SOUND HORTICULTURAL PRACTICES RELATING TO MICRO-CLIMATE, SOIL, AND WATER REGIMES. ALL TREES WILL BE STAKED SO AS TO REMAIN UPRIGHT AND PLUMB FOLLOWING INSTALLATION. PLANT SIZE AND QUALITY AT TIME OF PLANTING WILL BE PER CURRENT EDITION OF THE AMERICAN STANDARD FOR NURSERY STOCK (ANSI Z60.1).
5. ALL PLANTER BEDS WILL RECEIVE 3-INCH DEPTH OF MULCH WITH WEED CONTROL.
6. ALL LANDSCAPING WILL BE AUTOMATICALLY IRRIGATED UNLESS NOTED OTHERWISE ON THE PLAN. TURF GRASS WILL BE IRRIGATED USING LOW ANGLE SPRAY, ROTARY, AND/OR IMPACT HEADS TO REDUCE WIND DRIFT. CONTAINER PLANTINGS WILL BE DRIP IRRIGATED. A REDUCED-PRESSURE-TYPE BACKFLOW PREVENTOR WILL BE PROVIDED ON THE IRRIGATION SYSTEM AS REQUIRED PER CODE.

PLANT LEGEND

- FLOWERING TREE
- DECIDUOUS SHADE TREE
- EVERGREEN TREES
- COMMON AREA LANDSCAPE
- UNDISTURBED NATIVE VEGETATION

LANDSCAPE DATA

SITE AREA: 1,267,244 SQ FT (29 ACRES)
DEVELOPED AREA: 1,138,448 SQ FT

ZONING: GC (GENERAL COMMERCIAL)

REQUIRED LANDSCAPE AREA = 227,690 SQ FT MIN.
(20% OF DEVELOPED SITE)

PROVIDED LANDSCAPE AREA = 227,690 SQ FT MIN.
INCLUDES

- LANDSCAPE PLANTER AREA
- SITE SPACE LAWN AREAS
- OPEN SPACE

TREES REQUIRED = 766

- 1 TREE PER 300 SQ FT OF PLANTER AREA = 758
- 1 TREE PER 10 PARKING SPACES (81 SPACES PROVIDED) = 8

INCLUDES

- 1 TREE PER 50 LN FT ALONG CANTLON DRIVE (1,261 LN FT) = 25

TREES PROVIDED = 768

SHRUBS REQUIRED/PROVIDED = 4,608 MIN

- 6 SHRUBS PER 300 SQ OF LANDSCAPE PLANTER AREA



No.	Revision	Date

Property Owner Affidavit

Applicant Name: WALIGORA 1998 TRUST

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)

I, VERNON WALIGORA, TRUSTEE, WALIGORA 1998 TRUST
(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): 084-292-13, 084-292-14, 084-292-15, 084-292-16

Printed Name VERNON WALIGORA, TRUSTEE

Signed Vernon A Waligora

Address PO Box 508

VERDI, NV 89439

Subscribed and sworn to before me this 1 day of APRIL, 2021.

(Notary Stamp)

RYAN COOK Cook
Notary Public in and for said county and state

My commission expires: 5/3/2021



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

- Owner (checked)
Corporate Officer/Partner
Power of Attorney
Owner Agent
Property Agent
Letter from Government Agency with Stewardship

SIGN FACE = 200 SF

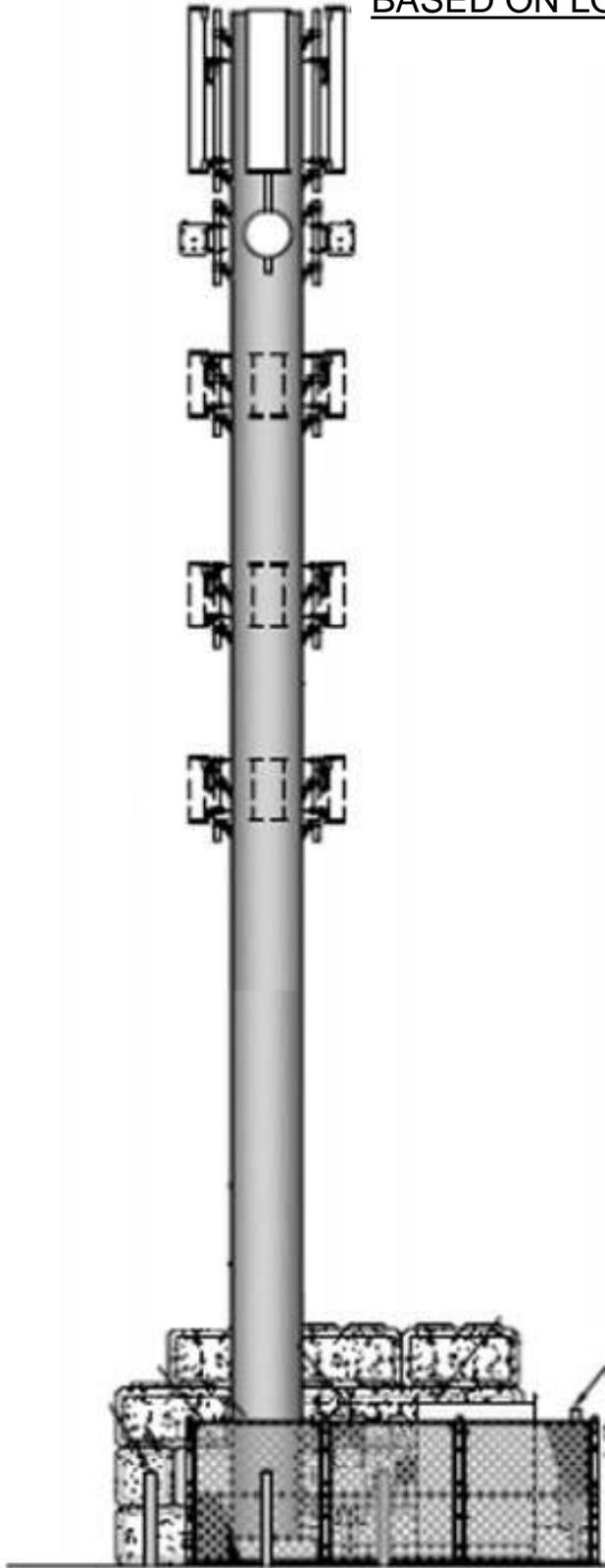
HT. = 30'-0"



ADDRESS

1234

HEIGHT: 45' - 60'
BASED ON LOCATION



EQUIPMENT
AREA

PROPOSED CELL TOWER ELEVATION

SUNDANCE- WADSWORTH RV RESORT

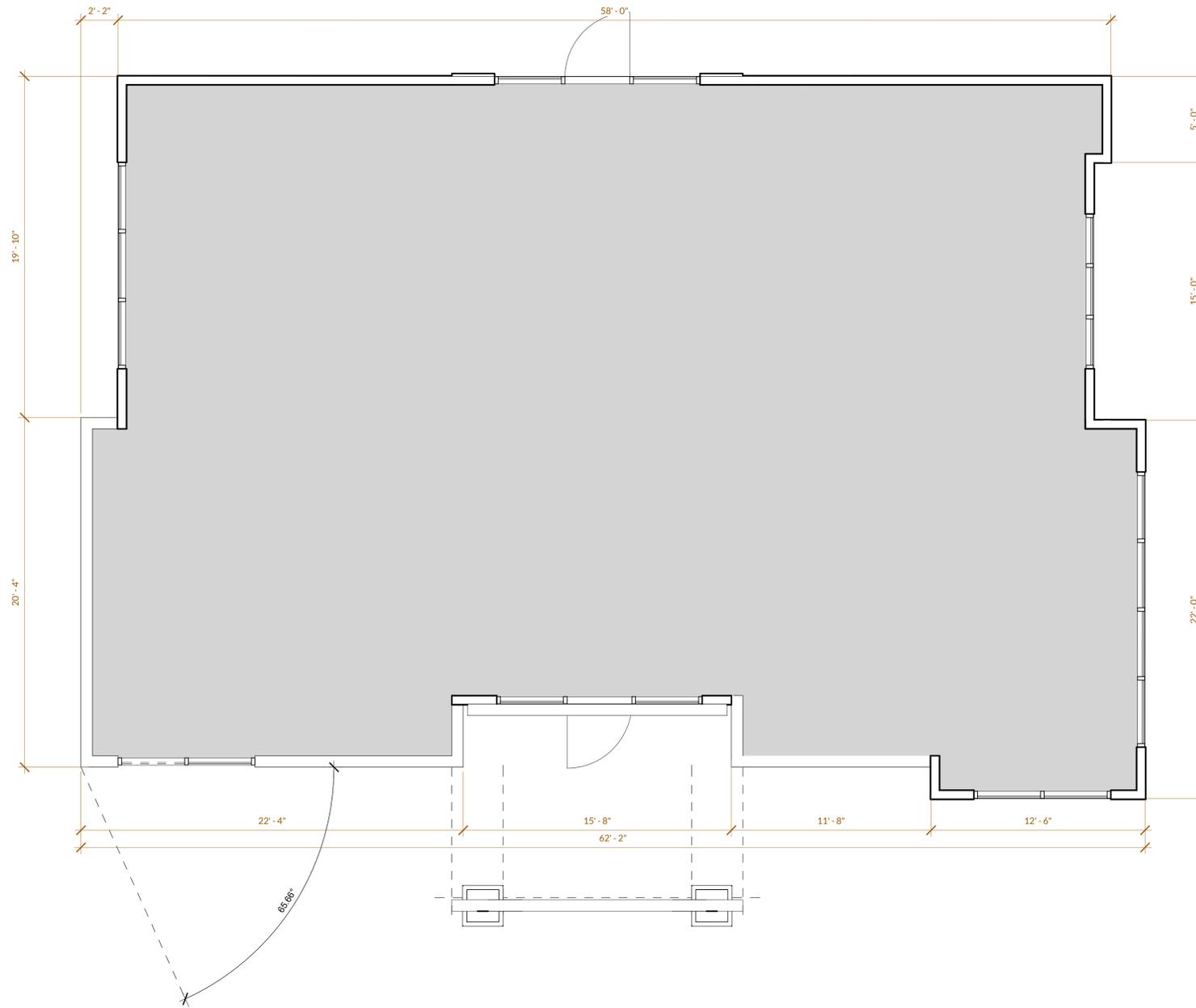
Proj. No: 2021.630
Drawn By: %%%
Reviewed: TEA

Issue / Revision Schedule No.	Date	Description

Copyright Domum: All drawings and written material appearing herein constitute original and unpublished original work of the architect and may not be duplicated, used, or disclosed without prior written consent of the architect.

PARTITION PLAN - OFFICE

A4a



1 PARTITION PLAN - OFFICE
SCALE: 1/4" = 1'-0"

SUNDANCE- WADSWORTH RV RESORT

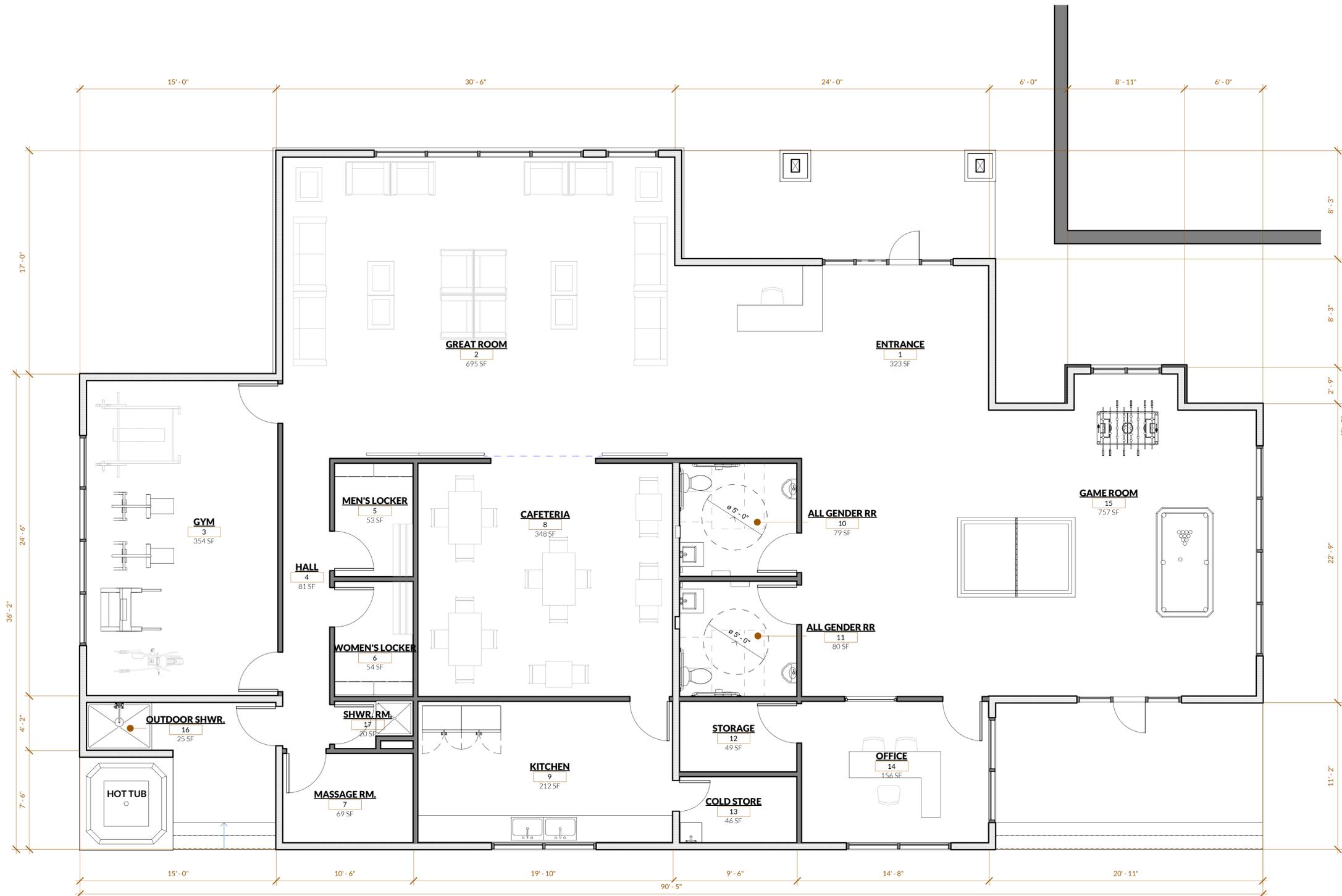
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Reviewed: TEA

Issue / Revision Schedule:	Description
No.	Date

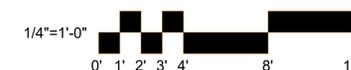
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PARTITION PLAN - CLUBHOUSE

A4b



1 PARTITION PLAN - CLUBHOUSE
SCALE: 1/4" = 1'-0"



**SUNDANCE-
WADSWORTH
RV RESORT**

Proj. No: 2021.630
Drawn By: %%%
Reviewed: TEA

Issue / Revision Schedule:
No. Date Description

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**ELEVATIONS-
OFFICE**

A5a



1 ELEVATION - NORTH
SCALE: 1/4" = 1'-0"



2 ELEVATION - SOUTH
SCALE: 1/4" = 1'-0"

SUNDANCE- WADSWORTH RV RESORT

Proj. No: 2021.630
Drawn By: %%%
Reviewed: TEA

Issue / Revision Schedule:	Date	Description
No.		

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ELEVATIONS -
OFFICE

A5b



1 ELEVATION - EAST
SCALE: 1/4" = 1'-0"



2 ELEVATION - WEST
SCALE: 1/4" = 1'-0"

**SUNDANCE-
WADSWORTH
RV RESORT**

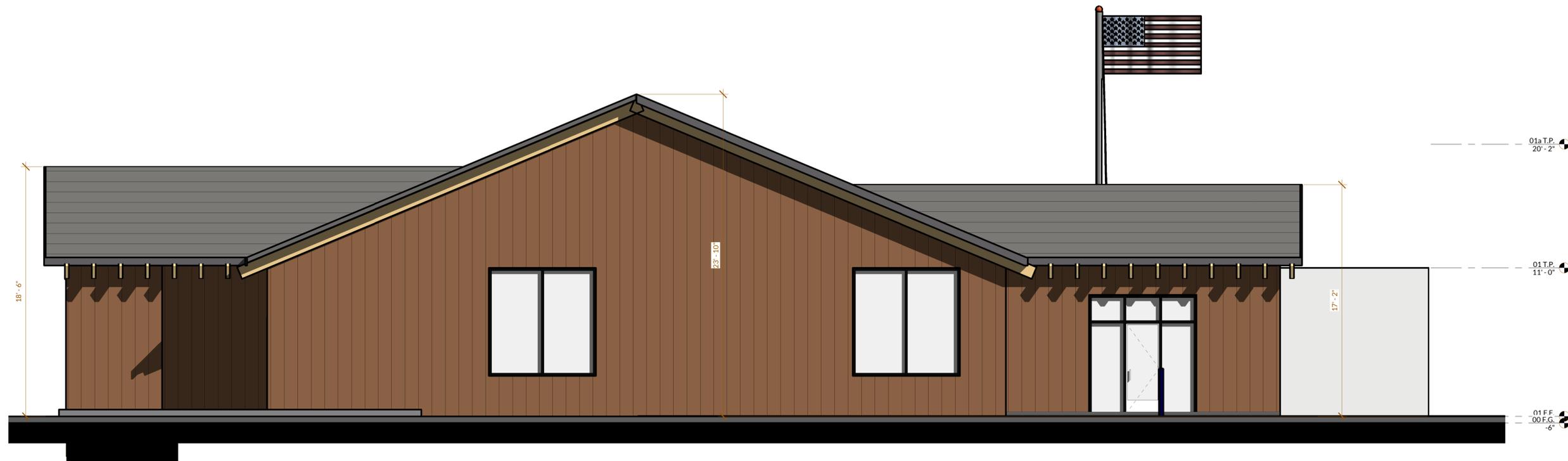
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Drawn By: %%%
Reviewed: TEA

Issue / Revision Schedule:	Description
No.	Date

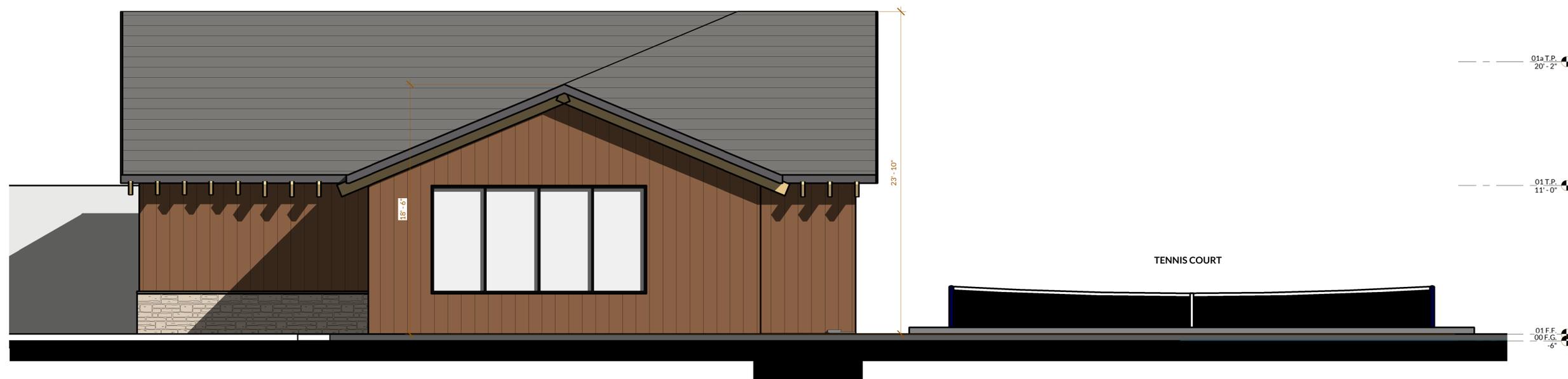
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**ELEVATION -
CLUBHOUSE**

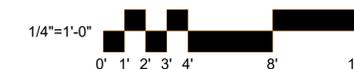
A5c



1 ELEVATION - REAR
SCALE: 1/4"=1'-0"



2 ELEVATION - RIGHT
SCALE: 1/4"=1'-0"



**SUNDANCE-
WADSWORTH
RV RESORT**

Proj. No: 2021.630
Drawn By: %%%
Reviewed: TEA

Issue / Revision Schedule:	Description
No.	Date

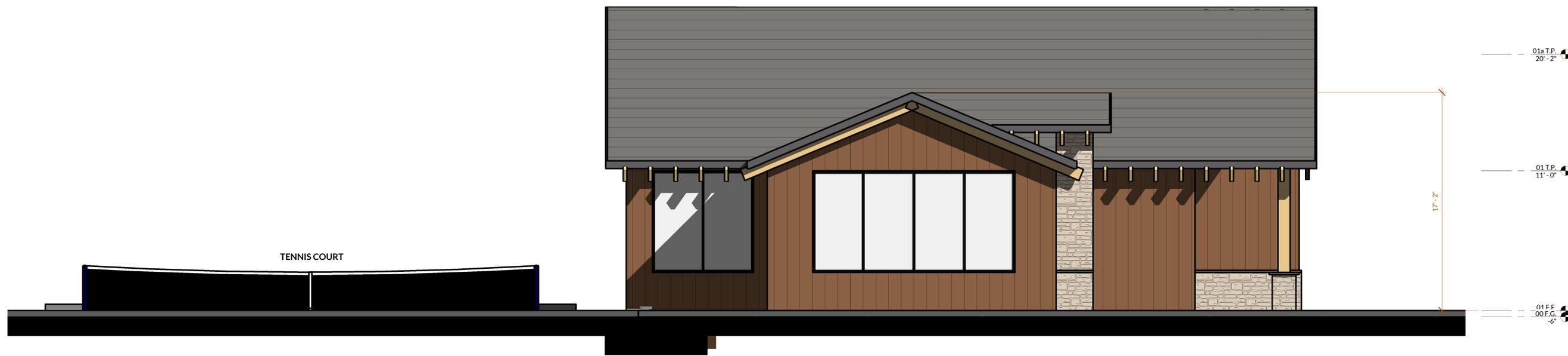
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**ELEVATION -
CLUBHOUSE**

A5d



1 ELEVATION - FRONT
SCALE: 1/4" = 1'-0"



2 ELEVATION - LEFT
SCALE: 1/4" = 1'-0"

