# Community Services Department Planning and Building AMENDMENT OF CONDITIONS APPLICATION



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.: WAC21-0001						
Project Name: Lomba	EDI LANE	PARCEL MAP				
Project SPLIT Description: INTO		5 24 ACRE PARCI	ĒL			
Desired Address A 100	· · · · · ·					
Project Address: O LOMBAROL LANE  Project Area (acres or square feet): 24 ACRES						
Project Area (acres or square feet). 24 ACP2S  Project Location (with point of reference to major cross streets AND area locator):  APPROXIMATELY 2680 FT SOUTH OF THE INTERSECTION OF LONE TREE LN. FROST LN.						
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:			
041-190-11	24.023 ACRES					
Indicate any previous Washoe County approvals associated with this application:  Case No.(s). WTFM 20 - 0009						
Applicant Inf	ormation (attach	additional sheets if necess	sary)			
Property Owner: (AGENT)	<b>S</b>	Professional Consultant:				
Name: LOMBARDI - LANE	PARTNERS LLC	Name: MST SURVEYING				
Address: 1100 CALIFORNIA AVE.		Address: 10650 SAN	TA FE RD.			
REHO, NV	Zip: 89509	RENO, NV.	Zip: 89508			
Phone: 775 - 690-7978	Fax:775-828-2115	Phone: 775-544-7817	Fax:775-677-8408			
Email: STEVE.TRCHOMES & GMAIL, COM		Ernail: MSTSURVEYING@ HOTMAIL. COM				
Cell: 775- 690 -7978 Other:		Cell: 775-S44-7817 Other:				
Contact Person: STEUE		Contact Person: MIKE	TALONEN			
Applicant/Developer:		Other Persons to be Contacted:				
Name: LOMBARDI LANE	PROPERTIES LLC	Name:				
Address: 1100 CALIFORNIA AUE.		Address:				
RENO, NV	Zip: <b>B9509</b>		Zip:			
Phone: 775-690-7978 Fax: 775-828-2115		Phone:	Fax:			
Email: STEVE. TECHONES & GMALL.COM		Email:				
Cell: 775-690-7978 Other:		Cell:	Other:			
Contact Person: STEVE	PYCKEBOSCH	Contact Person:	M F M 100 M			
For Office Use Only						
Date Received: Initial:		Planning Area:				
County Commission District:		Master Plan Designation(s):				
CAB(s):		Regulatory Zoning(s):				

# **Property Owner Affidavit**

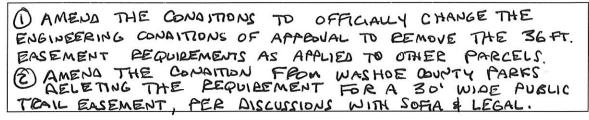
Applicant Name: LOMBARD LANE PARTNERS							
The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.							
STATE OF NEVADA )							
COUNTY OF WASHOE )							
I, STEUE RYCKERSCH (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): 041 - 190 11							
Printed Name STEUE RYCKEBOSCH							
Signed							
Address 1100 CALIFORNIA ANE BED NVBOSI							
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  Owner Officer/Portner (Provide copy of record document indicating authority to sign.)							
<ul> <li>Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)</li> <li>Power of Attorney (Provide copy of Power of Attorney.)</li> </ul>							
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							

## Amendment of Conditions Application Supplemental Information

(All required Information may be separately attached)

### **Required Information**

- 1. The following information is required for an Amendment of Conditions:
  - a. Provide a written explanation of the proposed amendment, why you are asking for the amendment, and how the amendment will modify the approval.
  - b. Identify the specific Condition or Conditions that you are requesting to amend.
  - c. Provide the requested amendment language to each Condition or Conditions, and provide both the existing and proposed condition(s).



2. Describe any potential impacts to public health, safety, or welfare that could result from granting the amendment. Describe how the amendment affects the required findings as approved.

POTENTIAL FARE.	IMPACTS	P	PUBLIC HEALTH, SAFETY OR	