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: Care of the ~~the~~ infirm			
Project Description: Travel trailer for living purpose for infirm			
Project Address: 5355 FIREMAN DR Sun Valley			
Project Area (acres or square feet): .45 acre			
Project Location (with point of reference to major cross streets **AND** area locator): 171 ft to the east of chocolate dr, 650 Ft South of west 4th St			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
085-730-39			
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: Zola Chapman	Name:
Address: 59 Mecca Dr	Address:
Cathedral City Zip: 92234	Zip:
Phone: 775 530 5971 Fax:	Phone: Fax:
Email: zolamechapman@gmail.com	Email:
Cell: 775530 5971 Other:	Cell: Other:
Contact Person:	Contact Person:
Applicant/Developer:	**Other Persons to be Contacted:**
Name: Jayden Chapman	Name: Kenneth "Jake" Boe
Address:	Address: 5355 Fireman Dr
Zip 89433	Sun Valley Zip: 89433
Phone: Fax:	Phone: 775-622-6016 Fax:
Email: PiperChapman2@gmail	Email: lumpasboe@gmail.com
Cell: 775-560-7050 Other:	Cell: 775-622-6879 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
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:

Jayden Chapman

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):

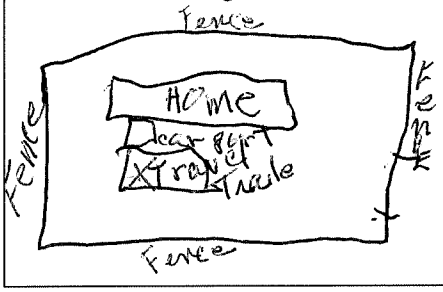
DR DAS

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

Jason Boe Uncle to Jayden

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.)

1998 Pilgrim 29' travel trailer



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

a. Water Service:

SV H2O District Share with manufactured Home

b. Sewage (Sanitary Sewer) Service:

SU H2O District Share with manufactured home

c. Garbage (Solid Waste) Service:

Waste Maagement Share with manufactured home

d. Electricity:

NV Energy Share with manufactured home

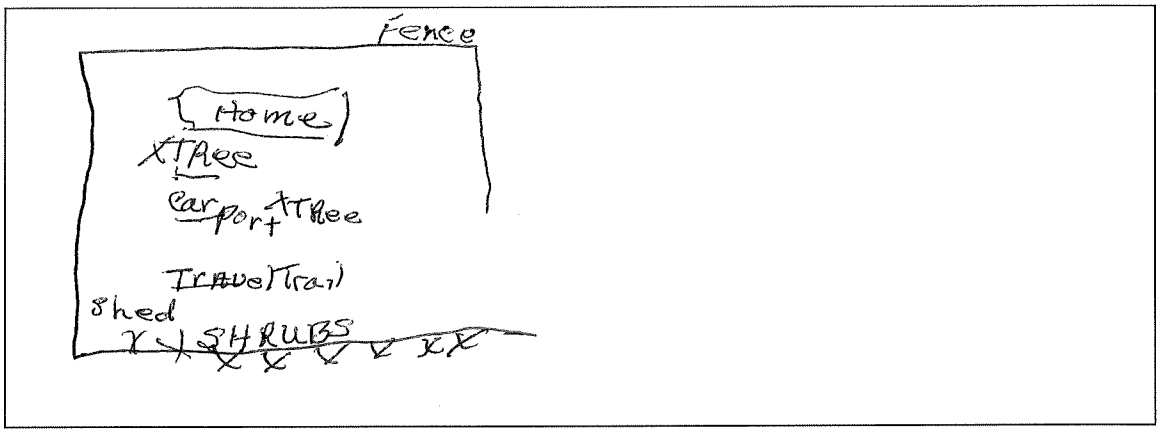
e. Natural Gas:

none

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

Be Quiet, no exessive use of utilitys, nothing affeting ~~them~~ the land, or water minimizing inDormental impacts

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.)

☐ Yes	☒ No

9. Community Services (provided and nearest facility):

a. Fire Station	5841 Sun Valley Blvd
b. Health Care Facility	Renown 1155 mill St Reno 89502
c. Elementary School	Lois Allen Elm San Valley Elm
d. Middle School	Desert Skies
e. High School	Hug
f. Parks	Gepford
g. Library	none
h. Citifare Bus Stop	4th St

Property Owner Affidavit

Applicant Name: Zola Chapman

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, Zola M. Chapman,
(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): 08573039

Printed Name Zola M Chapman

Signed Zola M Chapman

Address 59 Merca Dr

Cathedral City Ca 92234

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Stamp)

See Attached Document.

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

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Riverside

Subscribed and sworn to (or affirmed) before me on this 26 (Date) day of July (Month), 2022 (Year), by

(1) Zola Mae Chapman

(and (2) /), (Name(s) of Signer(s))

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

JULIE FANG
Notary Public - California
Riverside County
Commission # 2367040
My Comm. Expires Jul 22, 2025

Place Notary Seal and/or Stamp Above

Signature _____ (Signature of Notary Public)

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Property Owner Affidavit

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Hello, I need to live here because I am disabled. I have had many health issues over the past year and need someone to help me still. Sometimes I need to go to the hospital, and need someone to drive me. I need help with day to day activities such as bringing in groceries. If I were to fall I would need someone close to help. I have fallen before, and been unable to get up. Thank you so much for your consideration in allowing me to live ~~[illegible]~~ where I can recieve the support, ~~[illegible]~~ and care I need.

Letter by Rituparna Das, M.D. on 7/5/2022

BARTON NEUROLOGY
1067 4th St - South Lake Tahoe, CA 96150-7026
Phone: 530-539-6047 - Fax: 530-213-5243

July 5, 2022

Jayden Alexandra Chapman
5355 Fireman Dr
Sun Valley NV 89433

To whom it May Concern:

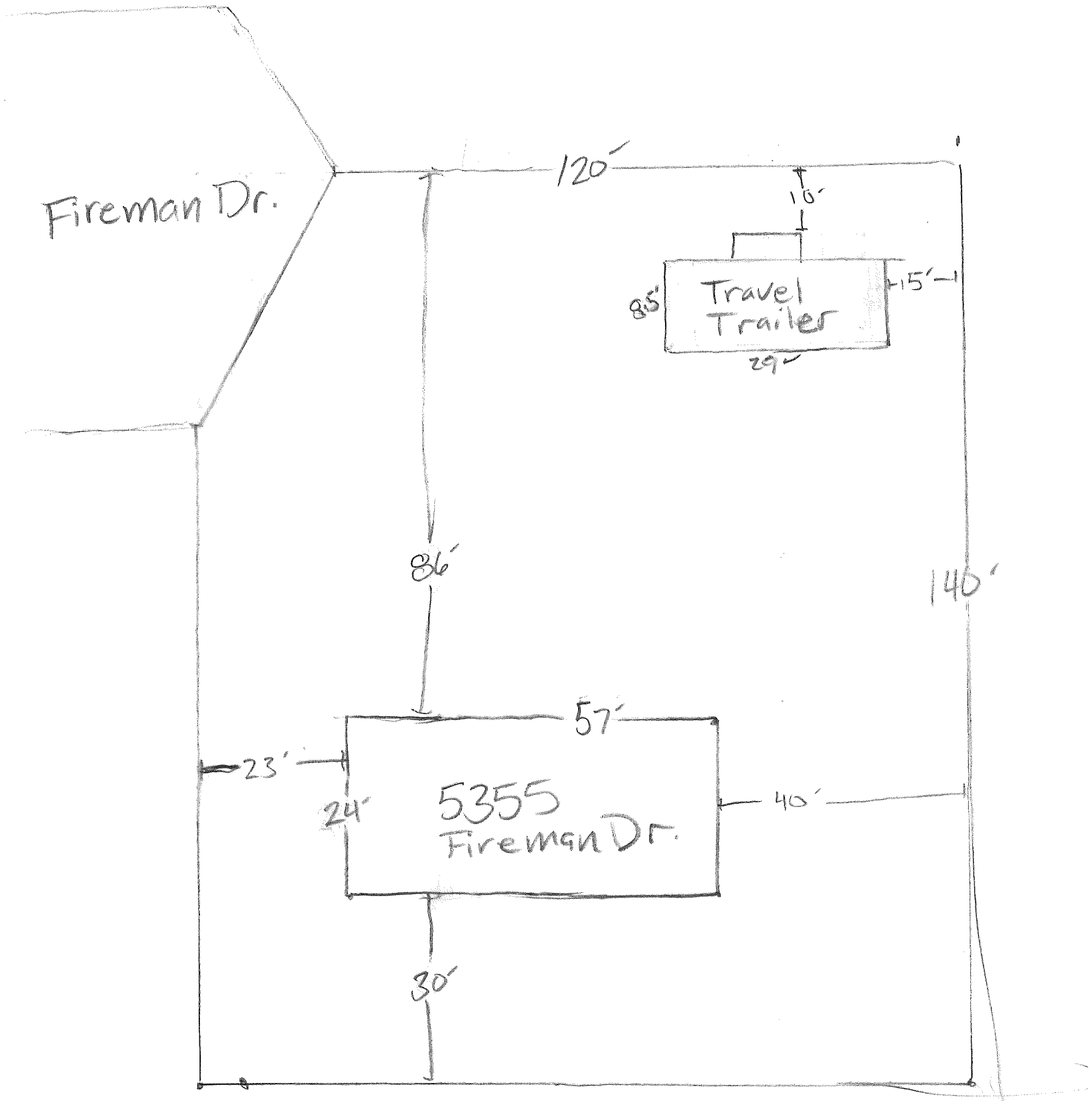
Jayden Chapman (date of birth 3/15/2000) has a medical condition currently undergoing active treatment from which she has significant disability. She requires substantial assistance from others for her activities of daily living and self care. Please allow her to remain in her current residence and location.

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

Sincerely,

Rituparna Das, M.D.

Electronically Signed


Fireman Dr.
120'
10'
Travel Trailer
15'
8.5'
29'
86'
140'
57'
23'
24'
5355 Fireman Dr.
40'
30'

Barton Memorial Hospital

Barton Neurology
Dr. Rituparna Das
1067 Fourth St. South Lake Tahoe, CA 96150
Phone 530-539-6047 | Fax 530-213-5243

Date: 08/09/2022

To: Johnna Chism

Fax: 7753286133

Subject:

From: Chelsea

Company:

Pages: 3

Message:

TEMPORARY OCCUPANCY
for the Care of the Infirm
AFFIDAVIT OF PHYSICIAN

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, RITUPARNA DAS, M.D. 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 JAYDEN ALEXANDRA CHAPMAN and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That JAYDEN ALEXANDRA CHAPMAN 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 Rituparna Das

State of Nevada License Number 19391

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

SEE ATTACHED CERT

_____ JM 08.09.2022
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 Infirmed pursuant to WCC Section 110.310.35(g). If the Administrative Permit is approved, a new affidavit must be submitted with each annual renewal.

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☑ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of EL DORADO

Subscribed and sworn to (or affirmed) before me on this 09 day of AUGUST, 2022
Date *Month* *Year*
by (1) RUPARNA DAS
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

J. NANZIG
Notary Public - California
El Dorado County
Commission # 2362344
My Comm. Expires Jul 21, 2025

J. NANZIG
Notary Public - California
El Dorado County
Commission # 2362344
My Comm. Expires Jul 21, 2025

Seal
Place Notary Seal Above

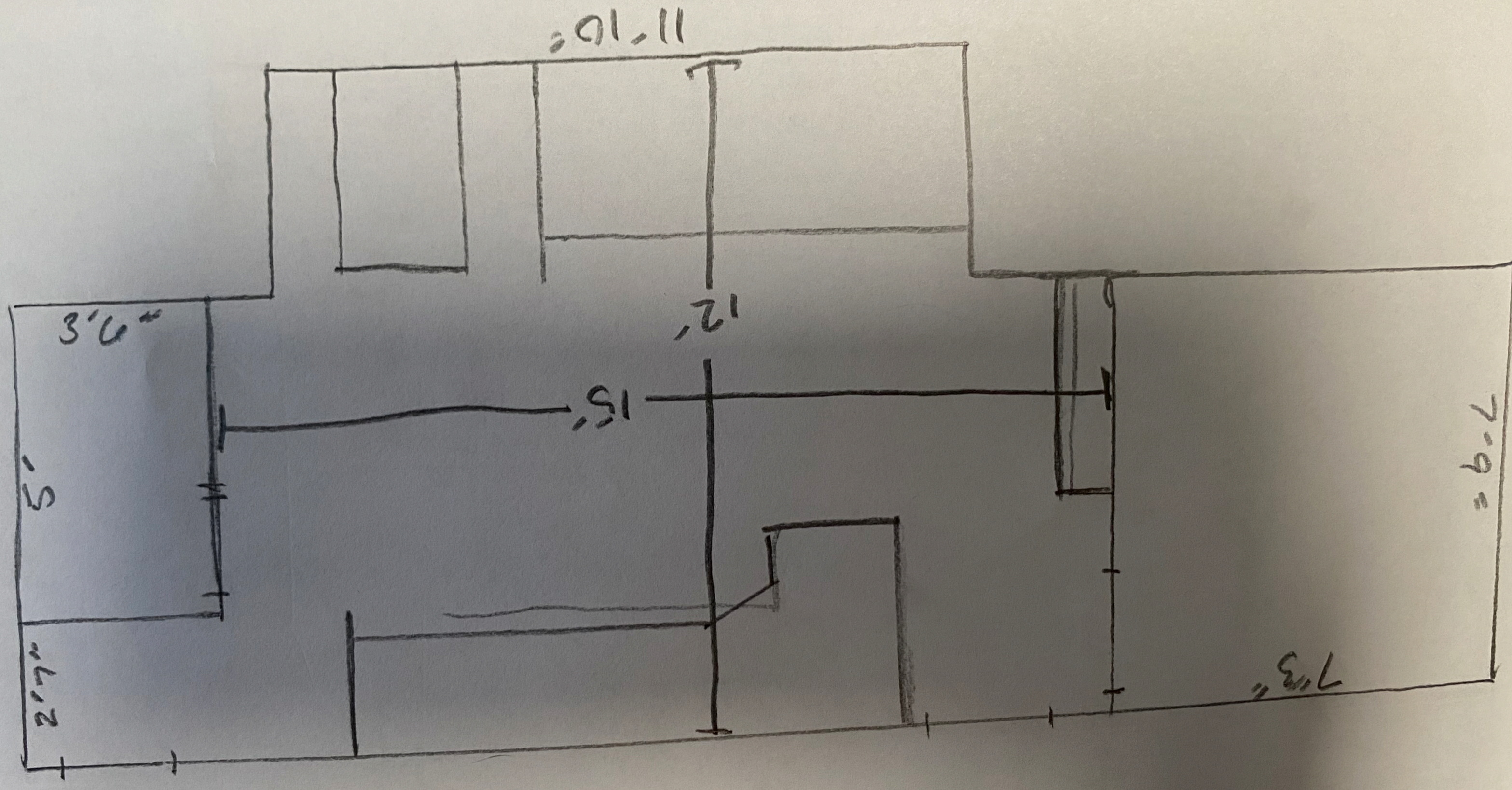
OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: TEMPORARY OCCUPANCY AFFIDAVIT Document Date: 08-09-2022

Number of Pages: 1 Signer(s) Other Than Named Above: NONE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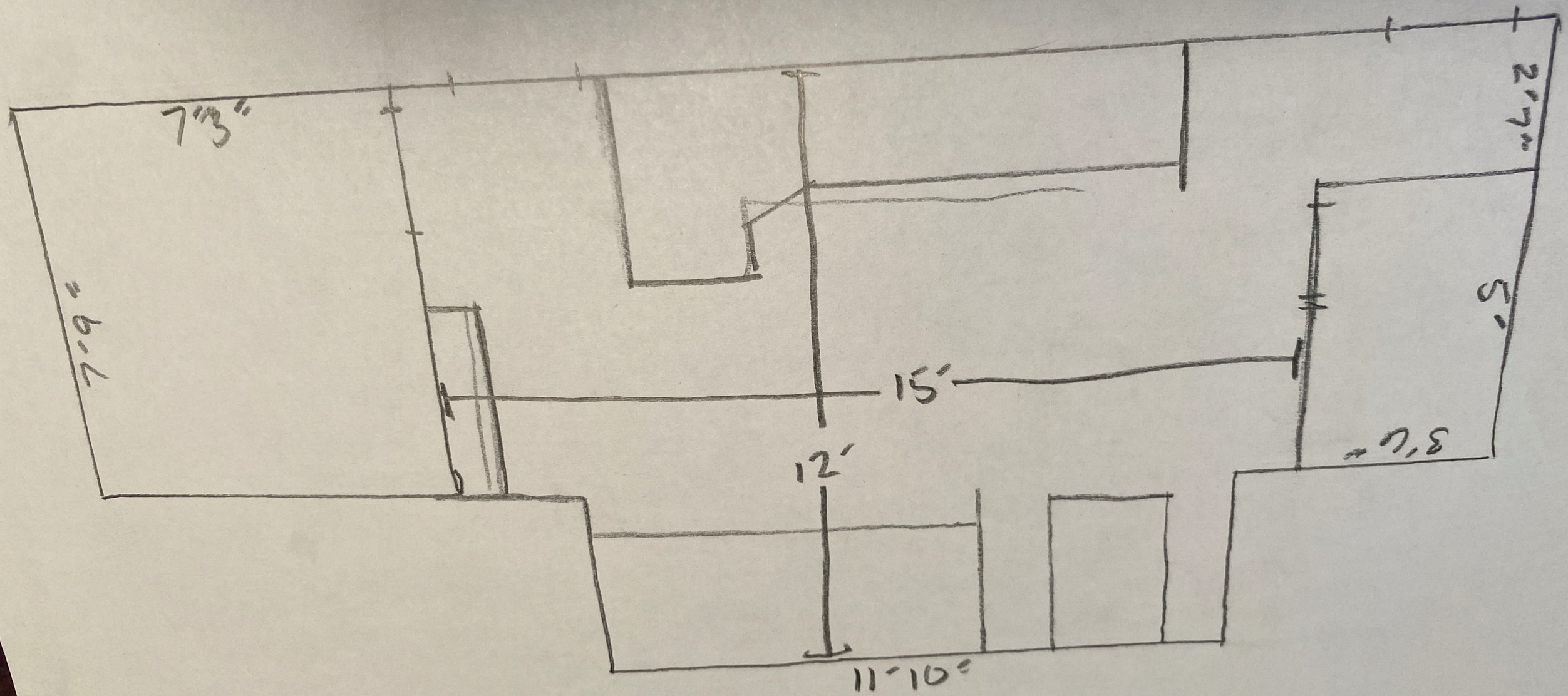
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7'9"
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12'
11'10"
2'7"
3'5"
3'2"


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