

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.

|  |                 |   |                 |
|--|-----------------|---|-----------------|
| <b>Project Information</b>   |                 | Staff Assigned Case No.: _____                                      |                 |
| Project Name: <u>Care of the Infirm</u>  |                 |   |                 |
| Project Description: <u>Caretakers will reside in the RV and the Infirm will be in the house</u>   |                 |   |                 |
| Project Address: <u>15535 Toll Rd</u>  |                 |   |                 |
| Project Area (acres or square feet):   |                 |   |                 |
| Project Location (with point of reference to major cross streets AND area locator):<br><u>Backyard of 15535 Toll Rd; cross street Bernard Cir.</u> |                 |   |                 |
| Assessor's Parcel No.(s):  | Parcel Acreage: | Assessor's Parcel No.(s):   | Parcel Acreage: |
| <u>01710111</u>  | <u>1/2</u>      |   |                 |
| Indicate any previous Washoe County approvals associated with this application:<br>Case No.(s).  |                 |   |                 |
| <b>Applicant Information</b> (attach additional sheets if necessary)   |                 |   |                 |
| <b>Property Owner:</b>   |                 | <b>Professional Consultant:</b> <u>(Applicant) Office</u>           |                 |
| Name: <u>Valerie Keife</u>   |                 | Name: <u>Kevin Southard</u>   |                 |
| Address: <u>15535 Toll Rd</u><br><u>Reno NV</u> Zip: <u>89521</u>  |                 | Address: <u>15535 Toll Rd (office)</u><br><u>Reno NV 89521</u> Zip: |                 |
| Phone: <u>(775) 722-3277</u> Fax: <u>NA</u>  |                 | Phone: <u>(775) 722-3287</u> Fax:                                   |                 |
| Email: <u>pjkvkb@mac.com</u>   |                 | Email: <u>Kevin.Southardworks@gmail</u>                             |                 |
| Cell: <u>(775) 722-3277</u> Other: <u>NA</u>   |                 | Cell: <u>775 722 3287</u> Other:                                    |                 |
| Contact Person: <u>Valerie</u>   |                 | Contact Person: <u>Kevin</u>  |                 |
| <b>Applicant/Developer:</b>  |                 | <b>Other Persons to be Contacted:</b>                               |                 |
| Name: <u>Jacob Southard</u>  |                 | Name:   |                 |
| Address: <u>15535 Toll Rd.</u><br><u>Reno NV</u> Zip: <u>89521</u>   |                 | Address:  |                 |
| Phone: <u>(501) 617-4302</u> Fax: <u>NA</u>  |                 | Phone:  |                 |
| Email: <u>Southardjp110@yahoo.com</u>  |                 | Email:  |                 |
| Cell: <u>(501) 617-4302</u> Other: <u>NA</u>   |                 | Cell:   |                 |
| Contact Person: <u>Jacob</u>   |                 | Contact Person:   |                 |
| <b>For Office Use Only</b>   |                 |   |                 |
| Date Received:   | Initial:        | Planning Area:  |                 |
| County Commission District:  |                 | Master Plan Designation(s):   |                 |
| CAB(s):  |                 | Regulatory Zoning(s):   |                 |

# Property Owner Affidavit

**Applicant Name:** VALERIE KEIFE

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, VALERIE KEIFE  
(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): 01710111

Printed Name VALERIE KEIFE

Signed *Valerie Keife*

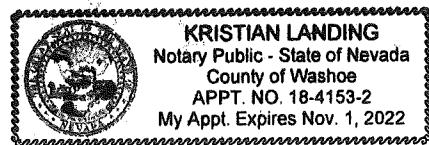
Address 15535 Toll Rd  
Reno, NV 89521

Subscribed and sworn to before me this 25<sup>th</sup> day of MARCH, 2022.

(Notary Stamp)

*Kristian Landing*  
Notary Public in and for said county and state

My commission expires: 11/1/2022



\*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

# 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:

Valerie Keife

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):

David Ward

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

James Southard + Kevin Southard (office) <sup>Diaily</sup>

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.)

Tiffin Allegro Class A RV  
32 Foot

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

- a. Water Service:

City water connection

b. Sewage (Sanitary Sewer) Service:

A designated sewage receptacle has been installed prior to this arrangement and is identified on the site map.

c. Garbage (Solid Waste) Service:

Garbage service is provided by Waste Management and shared with house (2 bins)

d. Electricity:

50 Amp service is installed and location is specified on site map.

e. Natural Gas:

N/A

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

All waste and sewage will be properly disposed of.

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

None

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

9. Community Services (provided and nearest facility):

|                         |                                      |
|-------------------------|--------------------------------------|
| a. Fire Station         | 1190 Steamboat Pkwy - Station 12     |
| b. Health Care Facility | 10101 Double R Blvd - Renown         |
| c. Elementary School    | 13815 Spelling Ct - Brown Elementary |
| d. Middle School        | 13455 Thomas Creek Rd - Marie Hertz  |
| e. High School          | 3600 Butch Cassidy Dr - Galena       |
| f. Parks                | Virginia Foothills Park              |
| g. Library              | 15650 Wedge Pkwy - South Valley      |
| h. Citifare Bus Stop    | Hertz Blvd + Mt Rose Hwy             |

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

STATE OF NEVADA        )  
                                  ) ss:  
COUNTY OF WASHOE    )

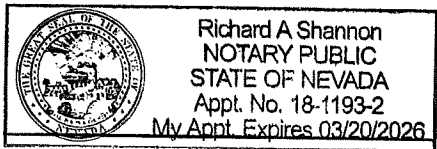
I, DAVID WARD being duly sworn, depose, and say that I am a physician licensed by the Nevada State Board of Medical Examiners to practice medicine in the State of Nevada.

I further swear or affirm that:

I am a licensed physician caring for Valerie B Keife and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That Valerie B Keife 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

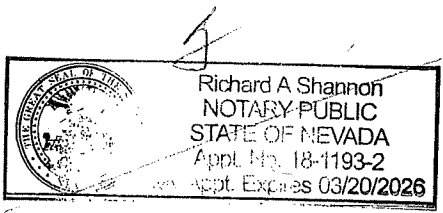
Signed David Ward PA-C



State of Nevada License Number PA2087

Subscribed and sworn to before me this 5<sup>th</sup> day of April, 2022

Richard A Shannon  
Notary Public in and for said county and state



My commission expires: 03/20/2026

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.

# Site Map

