

# NOTICE TO APPLICANTS:

Once submitted, your entire application may become public record, as provided by law, and except for legally confidential matters all or part of the information you provide may be posted on the Washoe County website.

This posting will occur no fewer than three days following the application filing date.

**Administrative Permit  
Application  
for Care of the Infirm**

Staff Assigned Case No.: \_\_\_\_\_

## Washoe County Development Application

<b>Project Information</b>			
Project Name (commercial/industrial projects only):			
Project Description:			
Project Address:			
Project Area (acres or square feet):			
<b>Location Information</b>			
Project Location (with point of reference to major cross streets <b>AND</b> area locator):			
Assessor's Parcel No(s):	Parcel Acreage:	Assessor's Parcel No(s):	Parcel Acreage:
Section(s)/Township/Range:			
<b>Indicate any previous Washoe County approvals associated with this application:</b>			
Case Nos.			
<b>Applicant Information</b>			
<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Cell:		Cell:	
Other:		Other:	
Contact Person:		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Cell:		Cell:	
Other:		Other:	
Contact Person:		Contact Person:	
<b>For Office Use Only</b>			
Date Received:		Planning Area:	
Initial:		Land Use Designation(s):	
County Commission District:			
CAB(s):			

## Owner Affidavit

<b>Project Name:</b>	
<b>Application Type</b>	
<input type="checkbox"/> <b>Abandonment</b>	<input type="checkbox"/> <b>Final Map Certificate of Amendment</b>
<input type="checkbox"/> <b>Administrative Permit</b>	<input type="checkbox"/> <b>Final Map Major/Minor Amendment</b>
<input type="checkbox"/> <b>Agricultural Exemption Land Division</b>	<input type="checkbox"/> <b>Final Subdivision Map/Const Plan Review</b>
<input type="checkbox"/> <b>Amendment of Conditions of Approval</b>	<input type="checkbox"/> <b>Parcel Map Waiver</b>
<input type="checkbox"/> <b>Boundary Line Adjustment</b>	<input type="checkbox"/> <b>Reversion to Acreage</b>
<input type="checkbox"/> <b>Comprehensive Plan Amendment</b>	<input type="checkbox"/> <b>Special Use Permit</b> <input type="checkbox"/> with EIS/EA
<input type="checkbox"/> Land Use Designation Change	<input type="checkbox"/> <b>Specific Plan</b>
<input type="checkbox"/> Text Change	<input type="checkbox"/> <b>Tentative Map of Div into Large Parcels</b>
<input type="checkbox"/> <b>Design Review Committee Submittal</b>	<input type="checkbox"/> <b>Tentative Parcel Map</b>
<input type="checkbox"/> <b>Development Agreement</b>	<input type="checkbox"/> <b>Tentative Subdivision Map</b>
<input type="checkbox"/> <b>Development Code Amendment</b>	<input type="checkbox"/> Hillside Development
<input type="checkbox"/> <b>Ext of Time Requests (Approved Applications)</b>	<input type="checkbox"/> Significant Hydrologic Resource
<input type="checkbox"/> <b>Ext of Time Requests (Tent Subdivision Maps)</b>	<input type="checkbox"/> Common Open Space Development
	<input type="checkbox"/> <b>Variance</b>

**The receipt of an application at the time of submittal does not imply the application complies with all requirements of the Washoe County Development Code, the Washoe County Comprehensive Plan or the applicable area plan, or that it is deemed complete and will be processed.**

STATE OF NEVADA            )  
  )  
COUNTY OF WASHOE        )

I, \_\_\_\_\_,  
being duly sworn, depose and say that I am an owner\* of property involved in this petition 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 the Department of Community Development staff.

**(A separate Affidavit must be provided by each property owner named in the title report.)**

\*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

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: \_\_\_\_\_

**Administrative Permit Application  
Supplemental Information  
for Care of the Infirm**

(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. Name of the Infirm:

2. Medical Condition:

3. 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):

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

5. 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.)

6. 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:

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

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

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9. 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
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