

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.

Construction Plan Review

Staff Assigned Case No.: _____

Washoe County Development Application

Project Information			
Project Name (commercial/industrial projects only):			
Project Description:			
Project Address:			
Project Area (acres or square feet):			
Location Information			
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:
Section(s)/Township/Range:			
Indicate any previous Washoe County approvals associated with this application:			
Case Nos.			
Applicant Information			
Property Owner:		Professional Consultant:	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Cell:		Cell:	
Other:		Other:	
Contact Person:		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Cell:		Cell:	
Other:		Other:	
Contact Person:		Contact Person:	
For Office Use Only			
Date Received:		Planning Area:	
Initial:		Land Use Designation(s):	
County Commission District:			
CAB(s):			

Owner Affidavit

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

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: _____

Construction Plan Review Fee Worksheet

Case Number:	Project Name:
	APN:
Department	Fees
Community Development 328-6100	\$308
Engineering 328-2041	\$1,949
Total Fees	\$2,257
Notes	
<p>1. If your Construction Plan Review submittal also requires a Final Subdivision Map Review, please consult that application to calculate the additional fees.</p> <p>2. In accordance with Washoe County Code Section 15.190, application fees must be deposited on or before the next regular working day following the day of receipt. This does not guarantee that the application is complete.</p> <p>3. The Department of Water Resources charges an additional plan check fee which must be submitted as a separate check. Please contact the Department of Water Resources at 954-4600 for additional fee information.</p> <p>4. The District Health Department charges an additional Vector-Borne Disease plan check fee which must be submitted as a separate check. Please contact the Health Department at 328-2434 for additional fee information.</p>	

Fees collected per Washoe County Development Code, Article 906, Fees.

**Make check payable to Washoe County.
Bring check with your application to Community Development.**

**Submit this page with Original Packet only.
Do not include this page in other copies of the packet.**