

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.

Project Information		Staff Assigned Case No.: _____	
Project Name: <i>Thomas Rushing -</i>			
Project Description: <i>Application for Admin Review - CARE of the INTERM</i>			
Project Address: <i>1200 BEDELL Rd. RENO, NV 89508</i>			
Project Area (acres or square feet): <i>10.82 ACRES</i>			
Project Location (with point of reference to major cross streets AND area locator): <i>Red Rock Rd + Bedell Rd</i>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<i>079-382-61</i>	<i>10.82 AC.</i>		
Indicate any previous Washoe County approvals associated with this application: Case No.(s).			
<b>Applicant Information</b> (attach additional sheets if necessary)			
<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name: <i>THOMAS RUSHING</i>		Name:	
Address: <i>1200 BEDELL Rd</i>		Address:	
<i>RENO, NEVADA</i> Zip: <i>89508</i>		Zip:	
Phone: <i>702-210-3183</i> Fax:		Phone: Fax:	
Email: <i>TRushing1200@gmail.com</i>		Email:	
Cell: <i>SAME</i> Other:		Cell: Other:	
Contact Person: <i>THOMAS RUSHING</i>		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone: Fax:		Phone: Fax:	
Email:		Email:	
Cell: Other:		Cell: Other:	
Contact Person:		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):	

**Administrative Permit Application  
Supplemental Information**  
(All required information may be separately attached)

1. What is the type of project or use being requested?

CARE of the Infirm

2. What section of the Washoe County code requires the Administrative permit required?

110.310.35 (g)

3. What currently developed portions of the property or existing structures are going to be used with this permit?

Southern Portion of Property setback  
140' From Bedell Rd Frontage

4. What improvements (e.g. new structures, roadway improvements, utilities, sanitation, water supply, drainage, parking, signs, etc.) will have to be constructed or installed and what is the projected time frame for the completion of each?

N/A

5. Is there a phasing schedule for the construction and completion of the project?

N/A

6. What physical characteristics of your location and/or premises are especially suited to deal with the impacts and the intensity of your proposed use?

Setback from Street, 6ft Screen Fence installed  
on 3 sides + Existing trees + Orchard -

7. What are the anticipated beneficial aspects or effect your project will have on adjacent properties and the community?

Added Property Enhancements, Trees + Aesthetics -

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

Installed trees + 6' tall wood fence for  
screening

9. Please describe any operational parameters and/or voluntary conditions of approval to be imposed on the administrative permit to address community impacts.

N/A

10. How many improved parking spaces, both on-site and off-site, are available or will be provided? (Please indicate on site plan.)

2 SPACES - GRADED GRAVEL DRIVEWAY / NO OFFSITE N/A

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

ALL TREES PLANTED & FENCE INSTALLED

12. What type of signs and lighting will be provided? On a separate sheet, show a depiction (height, width, construction materials, colors, illumination methods, lighting intensity, base landscaping, etc.) of each sign and the typical lighting standards. (Please indicate location of signs and lights on site plan.)

N/A

13. 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

14. Utilities:

a. Sewer Service	N/A - PRIVATE - SEPTIC 1,500 GAL
b. Water Service	N/A - PRIVATE WELL

For most uses, the Washoe County Code, Chapter 110, Article 422, Water and Sewer Resource Requirements, requires the dedication of water rights to Washoe County. Please indicate the type and quantity of water rights you have available should dedication be required:

c. Permit #	N/A	acre-feet per year	
d. Certificate #		acre-feet per year	
e. Surface Claim #		acre-feet per year	
f. Other, #		acre-feet per year	

Title of those rights (as filed with the State Engineer in the Division of Water Resources of the Department of Conservation and Natural Resources):

N/A

**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:

CONNIE Rushing

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 TUSHAR GARG

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

THOMAS Rushing AND TONGA Rushing

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.)

ARTIC FOX TRAVEL TRAILER with Rm Slide-outs  
34' SELF CONTAINED

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

a. Water Service:

WELL - PRIVATE

b. Sewage (Sanitary Sewer) Service:

Septic Tank - existing 1500 gal.

c. Garbage (Solid Waste) Service:

Waste Management - existing service + extra tote rental already.

d. Electricity:

30amp service - already existing service

e. Natural Gas:

Propane + service

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

No impact, Rural 10+ ac. parcels.

1. Fruit trees/orchard area already planted 2 yrs ago between street + RV
2. 6' wood fence currently being installed to screen 2 sides.
3. (8) trees planted along fence for screening

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

Fruit TREES - existing .  
 8- NEW TREES - 6-POPLARS & 2 WEEDING WILLOWS  
 1- Existing MATURE PINE TREE  
 6' high CEDAR FENCE installed on **3** sides

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	5 miles
b. Health Care Facility	<del>8 mi</del> 13 miles
c. Elementary School	13 mi
d. Middle School	14 mi
e. High School	
f. Parks	10 mi
g. Library	14 miles
h. Citifare Bus Stop	14 miles

**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 Connie Lou Rushing and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

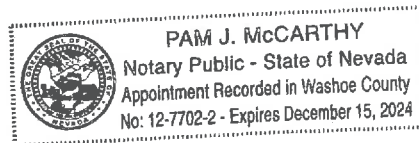
That Connie Lou Rushing suffers from physical and medical condition(s) that severely impair his/her ability to live alone and care for himself/herself and he/she needs to have a person living on the premises/property where he/she lives in order to provide care and assistance to him/her

Signed David Ward PA-C

State of Nevada License Number PA 2087

Subscribed and sworn to before me this 1<sup>st</sup> day of March, 2022

Pam McCarthy  
Notary Public in and for said county and state



My commission expires: 12/15/24

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.



Letter by David Andrew Ward, PA-C on 2/22/2022



# Saint Mary's Medical Group

SMMG NORTHWEST PRIMARY CARE/WELLNESS

6255 Sharlands Ave

Reno NV 89523-3527

PH: 775-770-7580

FAX: 775-770-7590

February 22, 2022

Patient: **Connie Rushing**

Date of Birth: **11/5/1943**

Date of Visit: **2/22/2022**

To Whom it May Concern:

Connie Rushing, has medical conditions which require supervision and assistance. To displace this individual could result in bodily harm, worsening of medical condition, and negative outcome regarding her overall health and wellbeing.

Sincerely,



David Andrew Ward, PA-C

CC: No Recipients

My name is Connie Rushing. I am 78 years old, and a retired registered nurse. I live on social security and a small income from a side business. I cannot afford to rent anywhere. I live in a travel trailer on my son's property in Reno. I moved to Reno in October 2020.

With my medical conditions I need to be near my son and daughter-in-law, so I can get assistance when needed.

For the previous 4 years, I lived on my other son's property in Idaho. After I had major surgery in October 2019, I was in the hospital for more than a month. Because I received no help from my family, I spent 2 weeks in a nursing home, to help me gain my strength back, so I could take care of myself. I was sick most of 2020, with no assistance from my family. I was hospitalized again for a week in September 2020, and again received no help from my family.

I decided to move to Reno, to live on my son's property. I needed to be near my son and daughter-in-law, who would be able to help me and give assistance when needed. They check on me everyday.

Thank you for your consideration of  
this matter.

Connie Rushing

Property Owner Affidavit

Applicant Name: Thomas Rushing

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, Thomas Rushing
(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): 079-382-61

Printed Name Thomas Rushing

Signed Thomas Rushing

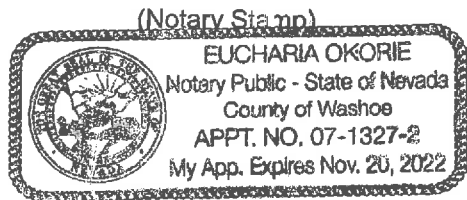
Address 1200 Bedell Rd

RENO, NV 89508

Subscribed and sworn to before me this
10<sup>th</sup> day of November, 2021.

[Signature]
Notary Public in and for said county and state

My commission expires: 11/20/2022



\*Owner refers to the following: (Please mark appropriate box.)

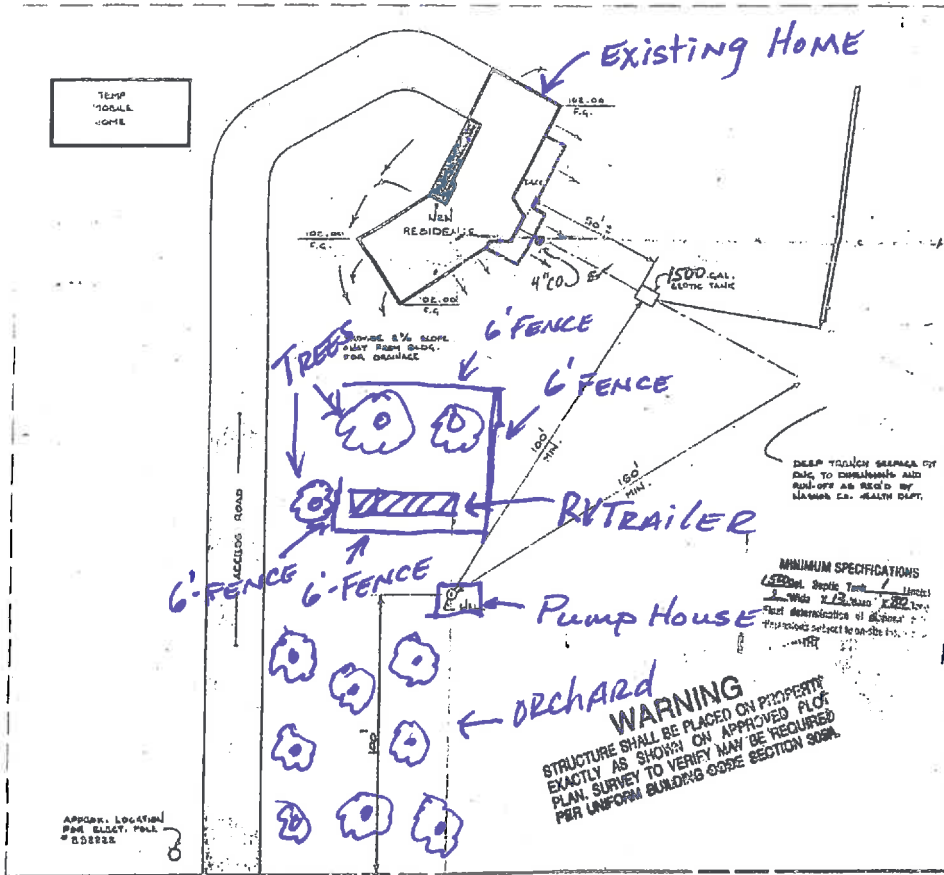
- Owner
 Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)
 Power of Attorney (Provide copy of Power of Attorney.)
 Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)
 Property Agent (Provide copy of record document indicating authority to sign.)
 Letter from Government Agency with Stewardship

### FINISHED ELEVATIONS

ALL FINISHED ELEVATIONS ARE ASSUMED BASED ON THE FT<sup>2</sup> PAD BEING 100.00

RIDGE HEIGHT	==	119.51
FINISHED FLR.	==	103.04
CAR. & GAR. (F.W. CLAS)	==	102.39
CAR. & DOORS	==	102.33
FT <sup>2</sup> PAD	==	100.00 ASSUMED

1. 100' Minimum from well to septic tank.
2. 150' Minimum from well to septic field.
3. 5' Minimum required from septic tank to a building.
4. 20' Minimum required from septic field to a building.

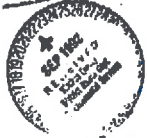


← Bedell Rd →

### PLOT PLAN

1" = 30' 0"

Development Review	Date	Done
County Fire Dept.	Date	Done
County Engineering	Date	Done
County Health Dept.	Date	Done
County Utility Dept.	Date	Done
County Bldg. Dept.	Date	Done

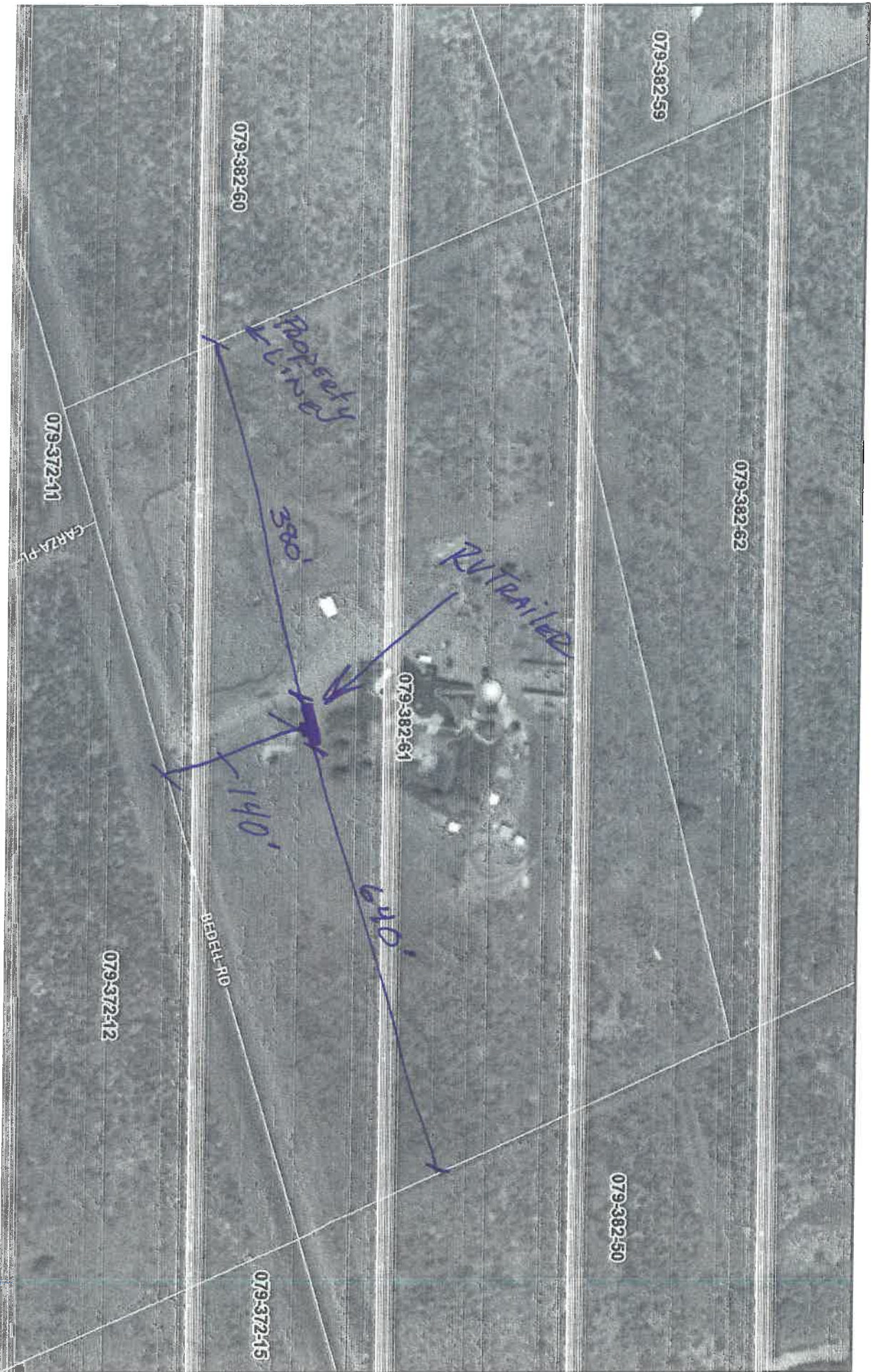


RESIDENCE FOR  
 MR. & MRS. [REDACTED]  
 PAR. 3 MAP # 2088 LOCUS 1/18/82 FILE NUMBER 1171900  
 A.P.N. 019-019-002-0000  
 Blaine, NV

WIGGIE M. LARSEN  
 Registered Professional Designer  
 NO B.P. STATE OF NEVADA

Date 8/1/82  
 Scale NOTED  
 Sheet 6  
 Job 82-1171900  
 Title

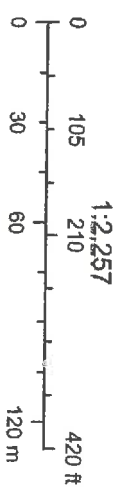
# 1200 Bedell



November 1, 2021

APN

North ↑



Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

This information for illustrative purposes only. Not to be used for boundary resolution or location and not intended to be used for measurement, calculation, or definition.



BEDELL P

CARZA PL

RV

RE