

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: WSTR-000005-APP-2021			
Project Description: STR Tier 2 permit			
Project Address: 20610 Mount Rose Hwy			
Project Area (acres or square feet): .998			
Project Location (with point of reference to major cross streets AND area locator): Old Mt. Rose and Mount Rose Hwy.			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
048-091-37	.998		
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: Hayward Family Living Trust		Name:	
Address: 1610 Brightstone Ct		Address:	
Reno NV Zip: 89521		Zip:	
Phone: 650 279 0102 Fax:		Phone: Fax:	
Email: dehaywardNV@gmail.com		Email:	
Cell: 650-279-0102 Other:		Cell: Other:	
Contact Person: Deborah Hayward		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: Deborah Hayward		Name:	
Address: 4005 Quail Rock LN		Address:	
Reno NV Zip: 89511		Zip:	
Phone: 650 279 0102 Fax:		Phone: Fax:	
Email: dehaywardNV@gmail.com		Email:	
Cell: Other:		Cell: 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 Review Permit Application
for a Short Term Rental
Supplemental Information**

(All required information may be separately attached)

1. What is the square footage of habitable area of the proposed short term rental (exclude the bathrooms, hallways, garage, etc)?

4,800 sq ft (total 6,000 for structure)

2. How many off-street parking spaces are available? Parking spaces must be shown on site plan. Are any new roadway, driveway, or access improvements be required?.

Total 4 parking in driveway
NO New road or access required

3. How are you planning to integrate the main dwelling and secondary dwelling to provide architectural compatibility of the two structures?

N/A

5. How many off-street parking spaces are available? Parking spaces must be shown on site plan. Are any new roadway, driveway, or access improvements be required?

see question # 3

6. What will you do to minimize any potential negative impacts (e.g. increased lighting, removal of existing vegetation, etc.) your project may have on adjacent properties?

NO negative impacts expected, but would correct/address if needed

7. Is the subject property part of an active Home Owners Association (HOA) or Architectural Control Committee?

Yes No If yes, please list the HOA name.

8. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that may prohibit a short term rental on your property?

Yes No If yes, please attach a copy.

STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, Thomas J. Hayward

(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 the Washoe County Planning and Building Division.

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

Assessor Parcel

Number(s): 048-091-37

Printed

Name: Thomas J. Hayward

Signed: 

Address: 4005 Quail Rock Lane, Reno NV 89511

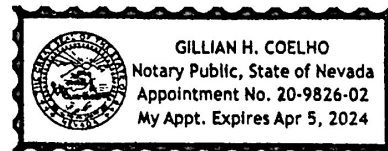
Subscribed and sworn to before me this 3rd day of May, 2021.

(Notary Stamp)

Notary Public in and for said county and state



My commission expires: April 5, 2024



STATE OF NEVADA)
)
COUNTY OF WASHOE)

I, Deborah E. Hayward

(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 the Washoe County Planning and Building Division.

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

Assessor Parcel
Number(s): 048-091-37

Printed
Name: Deborah E. Hayward

Signed: *Deborah E. Hayward*

Address: 4005 Quail Rock Lane, Reno NV 89511

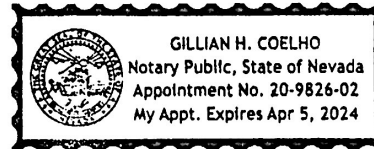
Subscribed and sworn to before me this 3rd day of May, 2021.

(Notary Stamp)

Notary Public in and for said county and state

Gillian H. Coelho

My commission expires: April 5, 2024



Washoe County Short Term Rentals (STR) Application

Your entire application is a public record.

SHORT TERM RENTAL INFORMATION (* = required)	
See STR Permit Guide	
*STR Address: 20610 Mount Rose Hwy, Reno NV 89511	
*Unit # (If Applicable):	*Assessor Parcel Number (APN): 048-091-37
*Square Footage of Dwelling: <i>(Habitable space only- see STR Permit Application Guide)</i> 4,800 (Total 6,000)	
*Maximum Number of Occupants: 20	
Transient Lodging Tax (TLT) Number: <i>(partial home rental as exempt, see STR Permit Guide)</i> W4852	
*# of Paved Parking Spaces: 4	# of Unpaved Parking Spaces: 4
Applicant Information (attach additional sheets if necessary) (* = required)	
*Property Owner:	Property Manager, if applicable:
*Name: Hayward Living Trust , Thomas & Deborah Hayward	Name:
*Address: 1610 Brightstone Court, Reno NV	Address:
*Zip: 89521	Zip:
Phone: 650-279-0102 Fax:	Phone: Fax:
*Email: dehaywardNV@gmail.com	Email:
*Cell: 650-279-0102 Other:	Cell: Other:
Contact Person: Deborah Hayward	Contact Person:
*Local Responsible Party: (available 24/7)	Other Persons to be Contacted:
*Name: Deborah Hayward	Name:
*Address: 4005 Quail Rock Lane, Reno NV	Address:
*Zip: 89511	Zip:
*Phone: 650-279-0102 Fax:	Phone: Fax:
*Email: dehaywardNV@gmail.com	Email:
*Cell: 650-279-0102 Other:	Cell: Other:
Phone must be text enabled	Contact Person:
For Office Use Only	
Date Received: Initial:	Master Plan Designation(s):
County Commission District:	Regulatory Zoning(s):
Planning Area:	Tier: