## 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: Lakeview Chalet |  |  |  |
| Project Short Term Rental managed by a licensed property manager . Maximum <br> Description: <br> Number of occupants $=14$ |  |  |  |
| Project Address: 1447 Tirol Dr. Incline Village NV 89451 |  |  |  |
| Project Area (acres or square feet): 2574 |  |  |  |
| Project Location (with point of reference to major cross streets AND area locator): Tyrolian Village |  |  |  |
| Assessor's Parcel No.(s): | Parcel Acreage: | Assessor's Parcel No.(s): | Parcel Acreage: |
| 126-560-33 | 0.001 |  |  |
| 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: SAN JAY GUPTA |  | Name: Mary Meeker |  |
| Address: 1447 TIROLDR. |  | Address: 2995 Cahal ct. |  |
| Incline Village $N$ V zip: 89451 |  | REND NV Zip: 89523 |  |
| Phone: 8185197816 Fax: |  | Phone: 7754700129 Fax: |  |
| Email: Sg4pta2877@gmail.com |  | Email: marymeekervealtor Q gmail.com |  |
| Cell: 8185197816 Other: |  | Cell: 7754700129 Other: |  |
| Contact Person: SAN- TAY GU PTA |  | Contact Person: MARY MEEKER |  |
| Applicant/Developer: (Same as owner) |  | Other Persons to be Contacted: (NONE) |  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Zip: |  | Zip: |  |
| Phone: | Fax: | Phone: | ax: |
| Email: |  | Email: |  |
| Cell: | ther: | Cell: | ther: |
| Contact Person: |  | Contact Person: |  |
| For Office Use Only |  |  |  |
| Date Received: | nitial: | Planning Area: |  |
| County Commission District: |  | Master Plan Designation(s): |  |
| CAB(s): |  | Regulatory Zoning(s): |  |

## Property Owner Affidavit

## Applicant Name: <br> Sanjay Gupta

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

## Sanjay Gupta

> (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 Numbers): 126-560-33
Printed Name Sanjay Gupta

Signed


Address

Subscribed and sworn to before me this


Notary Public in and for said county and state
My commission expires: $\mathrm{OC}_{\mathrm{C}} 17,202 \mathrm{~b}$
(Notary Stamp)

## SEE ATTACHED CALIFORNIA NOTARIZATION Suss Son

*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

CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
)
County of $\qquad$ Santa Clara )

Subscribed and sworn to (or affirmed) before me on this $\qquad$ $7^{\text {th }}$ day of $\qquad$ December 20 22
$\qquad$ , by $\qquad$ Sanjay Gupta
$\qquad$
$\qquad$
proved to me on the basis of satisfactory evidence to be the person* who appeared before me.

(Seal)

Signature $\qquad$

## Washoe County Development Application

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| Project Information |  | Staff Assigned Case No.: |  |
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| Project Area (acres or square feet): 2574 |  |  |  |
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| Assessor's Parcel No.(s): | Parcel Acreage: | Assessor's Parcel No.(s): | Parcel Acreage: |
| 126-560-33 | 0.001 |  |  |
| 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: GEETIK GA GUPTA |  | Name: MARY MEEKER |  |
| Address: 1447 TIROLDR. |  | Address: 2995 CAHAL CT. |  |
| INCLINE VILLAGE, NV Zip: 89451 |  | RENO NV Zip: 89523 |  |
| Phone: 4088070650 Fax: |  | Phone: 775470129 Fax: |  |
| Email: geetika1973@gmail.com |  | Email: Mary meeker realtove gmail.com |  |
| Cell: 4088070650 Other: |  | Cell: 7754700129 Other: |  |
| Contact Person: GEETIKA GUPTA |  | Contact Person: MARY MEEKER |  |
| Applicant/Developer: (same as owner) |  | Other Persons to be Contacted: (NONE) |  |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| Zip: |  | Zip: |  |
| Phone: | Fax: | Phone: | Fax: |
| Email: |  | 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): |  |
| $\mathrm{CAB}(\mathrm{s})$ : |  | Regulatory Zoning(s): |  |

## Property Owner Affidavit

## Applicant Name: <br> Geetika Gupta

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 ) <br> COUNTY OF WASHOE )

## Geetika Gupta

(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 Numbers): 126-560-33
Printed Name Geetika Gupta

(Notary Stamp)


SEE ATTACHED


CALIFORNIA
Notary Public in and for said county and state
My commission expires: $\qquad$ DC +17, 2026 NOTARIZATION Sub Son
*Owner refers to the following: (Please mark appropriate box.)
A. 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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of $\qquad$ Santa Clara ) )

Subscribed and sworn to (or affirmed) before me on this $\qquad$ Th day of $\qquad$ December 20 $\qquad$ 2 , by $\qquad$ Geetika Gupta
$\qquad$
proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Seal)

Signature


Optional Information
Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document
This certificate is attached to a document titled/for the purpose of


Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence:
form (s) of identificationcredible witnesses)

Notarial event is detailed in notary journal on: Page \# $\qquad$ Entry \# $\qquad$

Notary contact:
Other
$\square$ Affiant(s) Thumbprints)
Describe:

## Administrative Review Permit Application for a Short Term Rental <br> Supplemental Information <br> (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)?

866 SQFT living space (kitchen, living \& dining) + 5 bedrooms
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?.

4 parking spaces (2 in garage, 2 driveway)
3. How are you planning to integrate the main dwelling and secondary dwelling to provide architectural compatibility of the two structures?

Existing home in Tyrolian Village. Garage and Main home connected using a walkaway as shown in the site plan
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?

4 parking spaces (2 in garage, 2 driveway)
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?

Existing home and no modifications are planned.
7. Is the subject property part of an active Home Owners Association (HOA) or Architectural Control Committee?

| $\square$ Yes | $\square$ No | If yes, please list the HOA name.Tyrolian Village HOA |
| :--- | :--- | :--- | :--- |

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

| $\square$ Yes | $\square$ No | If yes, please attach a copy. |
| :--- | :--- | :--- | :--- |

Floor Plan


Middle Level



Garage \& Driveway
(All dimensions in feet)


Garage (assessed SQFT) $=506$ SQFT

Total $=4$ Parking spots

## Site Plan




