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	S	taff Assigned Case No.:	
Project Name: Lakeview Cl	nalet		
	ental managed by Occupants =	v a licensed property managed 4	ger. Maximum
Project Address: 1447 Tirol E	Dr. Incline Village N	V 89451	
Project Area (acres or square fee	et): 2574		· · · · · · · · · · · · · · · · · · ·
Project Location (with point of re Tyrolian Village	ference to major cross	streets AND area locator):	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
126-560-33	0.001		
Indicate any previous Washo Case No.(s).	be County approval	s associated with this applicat	ion:
Applicant Inf	ormation (attach	additional sheets if necess	ary)
Property Owner:		Professional Consultant:	
Name: SANJAY GU	PTA	Name: Mary MEEKE	R
Address: 1447 TIROLDR.		Address: 2995 Cahal	Ct.
Incline Village NV	Zip: 89451	REND NV	
Phone: 8185197816 Fax:		Phone: 775 470 0129	
Email: 594pta2877@gmail.com		Email: mary meekervea	Itor @gmail.com
Cell: 8185197816 Other:		Cell: 775 470 0129	
Contact Person: SAN JA	Y GUPTA	Contact Person: MARY I	
Applicant/Developer: (San		Other Persons to be Contact	ed: (NONE)
Name:	/	Name:	
Address:		Address:	4
	Zip:		Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Cell:	Other:	Cell:	Other:
Contact Person:		Contact Person:	
	For Office	e Use Only	
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

Property Owner Affidavit

Applicant Name: 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 Number(s):____

Printed Name_Sanjay Gupta

11502 Seven Springs Lane Cupeetino CA 95014 Address

Subscribed	and	sworn	to	before	me	this	
7th day	of	Decom	ber	-	, 20	nr.	

Notary Public in and for said county and state

My commission expires:

(Notary Stamp)

SEE ATTACHED CALIFORNIA NOTARIZATION

*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.)
- D 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 ce the individual who signed the document to which the truthfulness, accuracy, or validity of that docur	this certificate is attached, and not
State of California)
County of Santa Clara)
Subscribed and sworn to (or affirmed) before me on this 7th day
of <u>December</u>	, 20 22, by Sanjay Gupta
proved to me on the basis of satisfactory e	evidence to be the person
who appeared before me.	
SU SON COMM. #2421983 Notary Public - California Santa Clara County My Comm. Expires Oct. 17, 2026	
	Signature
(Seal)	

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	Additional Information
This certificate is attached to a document titled/for the purpose of	Method of Affiant Identification
Property owner affidavit	Proved to me on the basis of satisfactory evidence: form(s) of identification C credible witness(es) Notarial event is detailed in notary journal on: Page # Entry #
	Notary contact:Other
ontaining pages, and dated /7 (2022	Affiant(s) Thumbprint(s) Describe:

© Copyright 2007-2021 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved.

Item Number 101884. Please contact your Authorized Reseller to purchase copies of this form.

Washoe County Development Application

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Project Information	S	taff Assigned Case No.:	
Project Name: Lakeview Ch	nalet		
	ental managed by C O ccupants	v a licensed property mana = 14	ger. Maximum
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Project Area (acres or square fee	et): 2574		
Project Location (with point of re Tyrolian Village	ference to major cross	streets AND area locator):	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
126-560-33	0.001		
p			
Indicate any previous Washo Case No.(s).	be County approval	s associated with this applica	tion:
Applicant Inf	ormation (attach	additional sheets if necess	sary)
Property Owner:		Professional Consultant:	
Name: GEETIICA C	NPTA	Name: MARY MEEKE	ER
Address: 1447 TIROLD		Address: 2995 CAHA	HCT.
INCLINE VILLAGE, NV			
Phone: 408 8070650		RENONV Phone: 775 470 129	Fax:
Email: geetika 1973	@gmail.com	Email: Mary Meelcer real	toveg mail.com
Cell: 408 8070650		Cell: 775 470 0129	Other:
Contact Person: GEETIK	A GUPTA	Contact Person: MARY ME	
Applicant/Developer: (Sam.		Other Persons to be Contact	ted: (NONE)
Name:	,	Name:	5
Address:		Address:	· · · · · · · · · · · · · · · · · · ·
	Zip:		Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Cell:	Other:	Cell:	Other:
Contact Person:		Contact Person:	
	For Office	e Use Only	
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	24.

Property Owner Affidavit

Applicant Name: 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

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 Number(s):____

Printed Name Geetika Gupta

ethn Signed

11502 Seven Springs Lane Cupeetino CA 95014 Address

Subscribed and sworn to before me this 7th day of <u>December</u>, 2022.

Notary Public in and for said county and state

DG+ My commission expires:

*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

(Notary Stamp)

SEE ATTACHED CALIFORNIA NOTARIZATION

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 <u>Santa Clara</u>)	
Subscribed and sworn to (or affirmed) before me on this day	
of December, 2022, by Geetika Gupta	
proved to me on the basis of satisfactory evidence to be the person 🕱 who appeared before me.	THE OWNER OF THE OWNER AND THE
SU SON COMM. #2421983 Notary Public - California Santa Clara County My Comm. Expires Oct. 17, 2026	
(Seal)	

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

Property	onwer affido	Wit	
containing	pages, and dated	12/7/2022	

Additional Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence () form(s) of identification () credible witness(es	
Notarial event is detailed in notary journal on:	
Page # Entry #	
Notary contact:	
Other	
Affiant(s) Thumbprint(s) Describe:	

© Copyright 2007-2021 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved. Item Number 101884. Please contact your Authorized Reseller to purchase copies of this form.

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)?

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?

🔳 Yes	🗆 No	If yes, please list the HOA name.Tyrolian Village HOA	
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8. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that may prohibit a short term rental on your property?

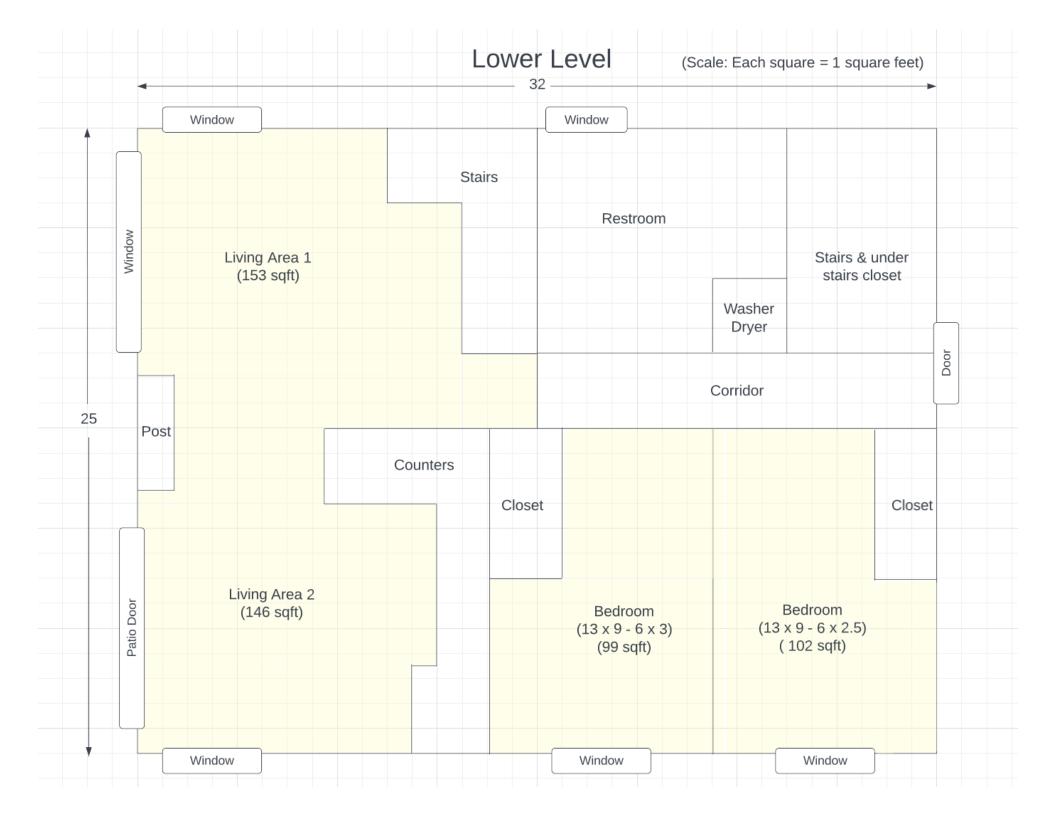
Yes I No If yes, please attach a copy.

May 2021

Floor Plan

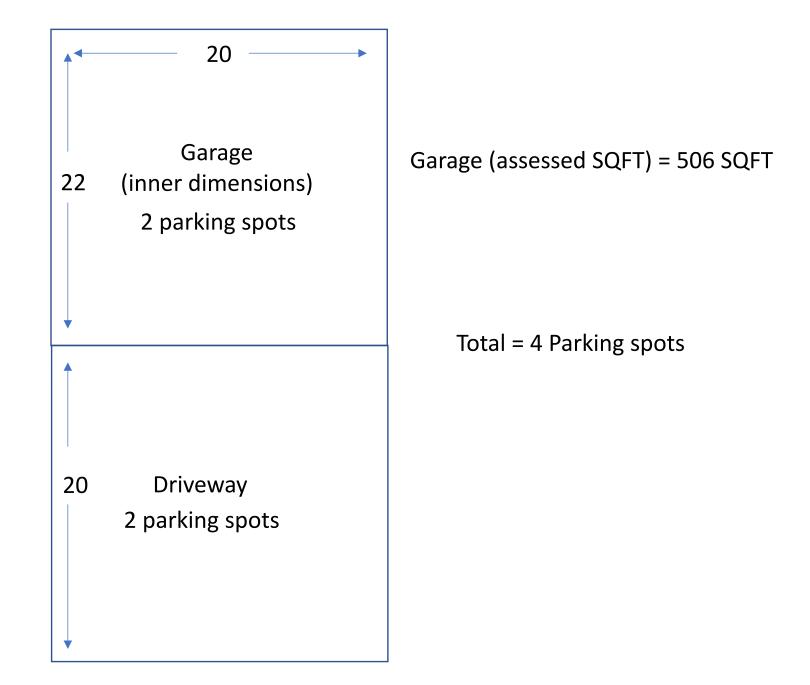
Window	32 Wi Kitchen counters & appliances Kitchen (77 sqft)	indow	Stairs
Dining	Kitchen counters & appliances		itairs
	Kitchen counters & appliances		Stairs
	appliances Kitchen		stairs
			Stairs
			Stairs
(99 Sqit)			
			Closet
	Kitchen counters &	Pantry	
	appliances		
			oor
			Main Door
			[≥]
	Living Room		Window
	(391 sqft)		Wind
		Restr	room
	Fireplace		
		Living Room	Living Room (391 sqft)

		32				•
A	Window		Window			
			Restroom			
	Bedroom (15 × 13) (195 sqft)				Stairs	
Patio Door			Closet	Closet		Door
25				Corridor		
Patio Door	Bedroom (12 x 12 + 3 x 3 - 6 x 3)		Closet			
	(135 sqft)	Restroom		(11	room x 11) . sqft)	
	Closet					



Garage & Driveway

(All dimensions in feet)



Site Plan



