



**WASHOE COUNTY
COMMUNITY SERVICES DEPARTMENT**

PARKLAND EASEMENT APPLICATION

APPLICATION INFORMATION

Applicant Name:	<input type="text"/>	Application Date:	<input type="text"/>
Applicant Representative:	<input type="text"/>	Contact Number:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Email:	<input type="text"/>	Fax:	<input type="text"/>

SITE INFORMATION

APN(s)	<input type="text"/>		
Name of Park/Open Space	<input type="text"/>		
Easement Type:	<input type="text"/>	Proposed Start Date:	<input type="text"/>
Length of Construction:	<input type="text"/>		

DESCRIPTION OF PROPOSED ACTIVITY

<input type="text"/>

STATEMENT OF NEED AND JUSTIFICATION REQUEST

<input type="text"/>

ALTERNATIVE ALIGNMENTS CONSIDERED BY APPLICANT

<input type="text"/>

ENVIRONMENTAL IMPACTS (Natural, cultural, historical resources)

<input type="text"/>

VISITOR USE IMPACTS

<input type="text"/>

IMPACTS TO EXISTING UTILITIES OR STRUCTURES

PROPOSED RESTORATION PLAN

ADDITIONAL ITEMS TO BE SUPPLIED BY APPLICANT

- 2 copies of proposed site plans/maps
(Minimum size 8 ½" x 11 - maximum size 11" x 17")
- \$100 non-refundable application fee (checks, money orders payable to Washoe County. Credit card payments accepted in person only.)

Signature

Title

Please submit original application with payment attn.:

Sophia Kirschenman, Park Planner
 Washoe County Community Services Department
 PO Box 11130, Reno, NV 89520
skirschenman@washoecounty.us

To obtain an electronic version of this application visit: www.washoecountyparks.com

Please be advised that your application could take up to 10 days for initial review.

<u>Interoffice Use Only</u>	
Easement # _____	Date Rec'd _____
Park Name _____	
Park District _____	
JB _____	DS _____ EC _____ BW _____
PC _____	BCC _____