

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>For care of the Infirm</i>			
Project Description: <i>385 Vagabond CT care of the infirm</i>			
Project Address: <i>385 Vagabond CT Reno NV 89506</i>			
Project Area (acres or square feet): <i>288 ft²</i>			
Project Location (with point of reference to major cross streets AND area locator): <i>385 Vagabond CT cross streets are Lemmon Drive and Magnolia</i>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<i>080 531-06</i>	<i>0.220</i>		
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: <i>Kalii Burch</i>		Name:	
Address: <i>385 Vagabond CT</i>		Address:	
<i>Reno NV</i> Zip: <i>89506</i>		Zip:	
Phone: <i>775 622-5144</i> Fax:		Phone: Fax:	
Email:		Email:	
Cell: Other:		Cell: Other:	
Contact Person: <i>Kalii Burch</i>		Contact Person:	
Applicant/Developer:		Other Persons to be Contacted:	
Name: <i>Kalii Burch</i>		Name:	
Address: <i>385 Vagabond CT</i>		Address:	
<i>Reno NV</i> Zip: <i>89506</i>		Zip:	
Phone: <i>775-622-5144</i> Fax:		Phone: Fax:	
Email: <i>Sosnicolea@hotmail.com</i>		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):	

Property Owner Affidavit

Applicant Name: Katli Burch

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.

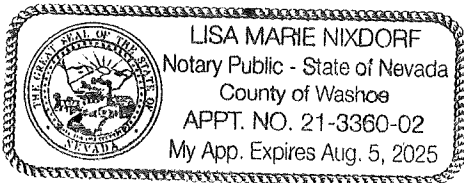
STATE OF NEVADA)
COUNTY OF WASHOE)

I, Katli Burch
(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): 080-531-06



Printed Name Katli Burch

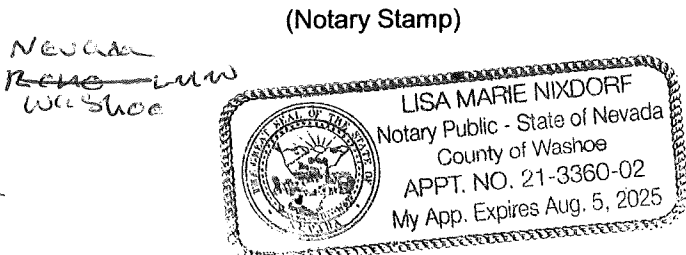
Signed Katli Burch

Address 305 Highland Ct
Law NV 89506

Subscribed and sworn to before me this 4th day of August, 2022.

Lisa Marie Nixdorf
Notary Public in and for said county and state

My commission expires: 08-05-2025



*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

Property Owner Affidavit

Applicant Name: Nicole Burch

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, Nicole Burch
(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): 080-531-06

Printed Name Nicole Burch

Signed Nicole Burch

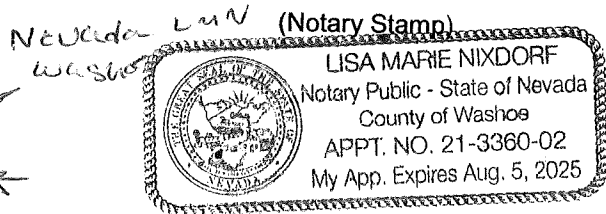
Address 385 Vagabond Ct

Reno NV, 89506

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Administrative Permit Application Supplemental Information

(All required information may be separately attached)

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

Permit for care of the infirm

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

110-310-35

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

Drive way and RV Hook ups

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?

NONE

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

NO

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?

RV Hook ups

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

There is NO Beneficial or effect to adjacent properties or community

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

There is no negative impacts or effect to adjacent properties

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

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

1 where the RV is at

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

NONE

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.)

NONE all the lights are on the RV

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	RV Hook up From House
b. Water Service	RV Hook up From House

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 #		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):

**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:

Cathy Mathis

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):

Thomas Hope

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

Kalii + Nicole Burch

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.)

2019 Pinnacle 36FBTS Brown and Tan
(attached pictures of locations)

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

a. Water Service:

RV Hook ups From house
TMWA

b. Sewage (Sanitary Sewer) Service:

RV Hook up
~~Waste Water~~ County

c. Garbage (Solid Waste) Service:

Waste management Trash Service

d. Electricity:

RV Hook up From House
NV Energy

e. Natural Gas:

N/A propane palomino

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

none because there is no impacted to the adjacent properties. They are clean, not loud, Just 74 year olds that need some care

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

There are none proposed just the Rose Bush outside the fence of the house that has been there

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
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9. Community Services (provided and nearest facility):

a. Fire Station	Reno Fire Department station 9 14005 mt Vista street
b. Health Care Facility	St. Marys urgent care 280 Vista Knolls Pkwy
c. Elementary School	Lemmon valley Elementary 255 W. Patricia Dr
d. Middle School	O'Brien middle school 10500 Stead Blvd
e. High School	Northvalleys High school 1470 E. Golden valley Rd
f. Parks	Lemmon valley Community Center 325 W. Patricia Dr
g. Library	North valleys library 1075 N Hills Blvd Ste 340
h. Citifare Bus Stop	9245 Lemmon Dr Reno NV 89506 in front of Deal mart

**TEMPORARY OCCUPANCY
for the Care of the Infirm
AFFIDAVIT OF PHYSICIAN**

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Thomas Hope MD 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:

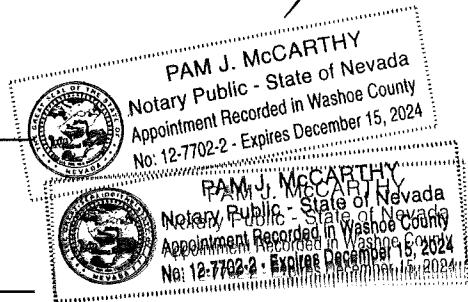
I am a licensed physician caring for Cathy Mathis and am personally familiar with his/her physical and medical condition and its impact on his/her life functions; and,

That Cathy Mathis 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 [Signature]
State of Nevada License Number 5652

Subscribed and sworn to before me this 19 day of July, 2022

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



My commission expires: 12/15/2024

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.



RV Location

APN: 080-531-06 Tax Information

Owner: BURCH, KAUI J

Permit/Access Information Found (2)

Corporate Area: WASHOE

Zip Code: 89506 Zip City: RENO

Tax District: 4000

Land use: 220

Land Zoning: MDS

Utility: Water: Municipal, Sewer: Municipal

Square Ft.: 1248

Acres: 0.220

Total Assessment: 41583

Bedrooms: 3

Baths: 2

Year Built: 1991

Subdivision: VALLEY VILLAGE SUB 3 & 4



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