

Board of Adjustment Staff Report

Meeting Date: March 3, 2022 Agenda Item: 8/

VARIANCE CASE NUMBER: WPVAR22-0001 (Herz-Callahan Side Yard Setback

Reduction)

BRIEF SUMMARY OF REQUEST: Reduce the required side yard setback on the north

side of the parcel from 5 feet to 1 foot

STAFF PLANNER: Katy Stark, Planner

Phone Number: 775.328.3618 Email: krstark@washoecounty.gov

CASE DESCRIPTION

For hearing, discussion, and possible action to approve a variance to reduce the required side yard setback on the north side of the parcel from five (5) feet to one (1) foot in order to enlarge the existing bedroom wing of the current home on the property and add a second level bedroom.

Applicant: GilanFarr Architecture
Property Owner: Susan Herz-Callahan

Family Trust et al.

Location: 1710 Lakeshore Blvd.,

Incline Village, NV 89451

APN: 130-332-12 Parcel Size: 0.192 acres

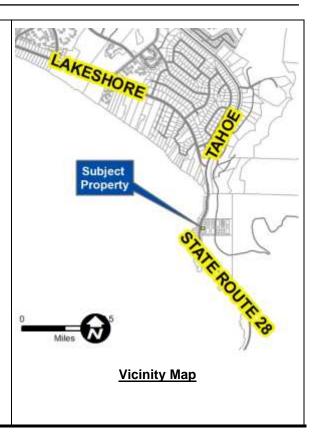
Master Plan: Tahoe – East Shore Regulatory Zone: Tahoe – East Shore

Area Plan: Tahoe

Development Code: Authorized in Article 804,

Variances

Commission District: 1 – Commissioner Hill



STAFF RECOMMENDATION

APPROVE APPROVE WITH CONDITIONS

DENY

POSSIBLE MOTION

I move that, after giving reasoned consideration to the information contained in the staff report and information received during the public hearing, the Washoe County Board of Adjustment deny Variance Case Number WPVAR22-0001 for Susan Herz-Callahan Family Trust et al, being unable to make all five required findings in accordance with Washoe County Development Code Section 110.804.25.

(Motion with Findings on Page 13)

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Exhibits Contents

Agency Comments	Exhibit A
Public Comment	Exhibit E
Public Notice	Exhibit C
Project Application	Exhibit D
Updated Findings from Applicant 2-4-2022	Exhibit E

Variance Definition

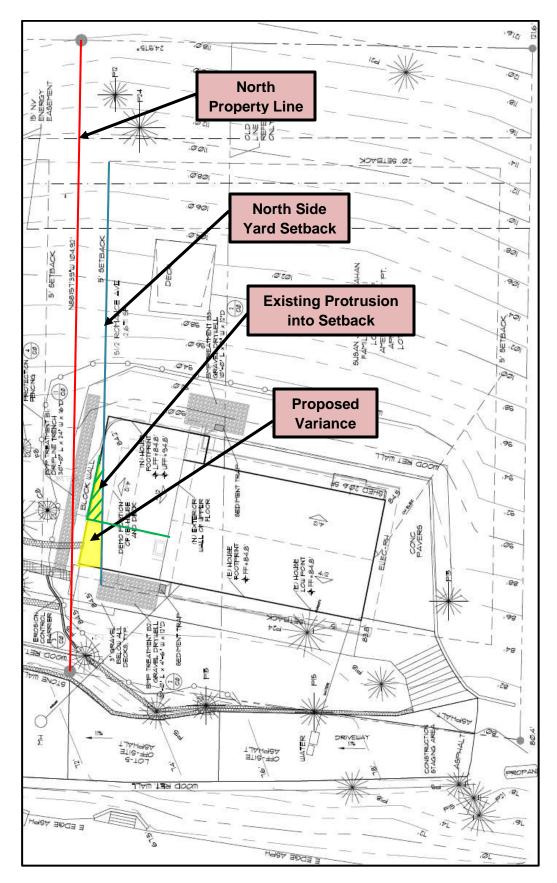
The purpose of a variance is to provide a means of altering the requirements in specific instances where the strict application of those requirements would deprive a property of privileges enjoyed by other properties with the identical regulatory zone because of special features or constraints unique to the property involved; and to provide for a procedure whereby such alterations might be permitted by further restricting or conditioning the project so as to mitigate or eliminate possible adverse impacts. If the Board of Adjustment grants an approval of the variance, that approval is subject to conditions of approval. Conditions of approval are requirements that need to be completed during different stages of the proposed project. Those stages are typically:

- Prior to permit issuance (i.e., a grading permit, a building permit, etc.).
- Prior to obtaining a final inspection and/or a certificate of occupancy on a structure.
- Prior to the issuance of a business license or other permits/licenses.
- Some conditions of approval are referred to as "Operational Conditions."
 These conditions must be continually complied with for the life of the business or project.

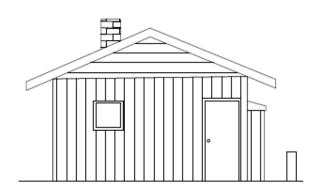
There are no recommended conditions of approval for Variance Case Number WPVAR22-0001 because denial is recommended.

The subject property has a regulatory zone of East Shore. Setbacks are determined by lot size in the Tahoe planning area. See table below from WCC Section 110.220.55. For lots that are between 5,000 square feet and 11,999.99 square feet in size, front and rear yard setbacks are 20 feet and side yard setbacks are 5 feet. The subject property is 0.192 acres, which is approximately 8363.52 square feet. Reductions to required setbacks are permissible subject to approval of a variance in accordance with Article 804 of the Development Code.

Required Setback		Minimum Parcel Width	Minimum Parcel Size	
Front (Feet)	Side (Feet)	Rear (Feet)	(Feet)	(Square Feet)
x 10 %	R (1) / 1/2		0	3,700 sf.
30	15	30	80 ft.	
30	12	30	80 ft.	
20	8	20	60 ft.	8:
20	5	20	60 ft.	
	Front (Feet) 30 30 20	Front (Feet) Side (Feet) 30 15 30 12 20 8	Front (Feet) Side (Feet) (Feet) 30	Parcel Width Parcel Width



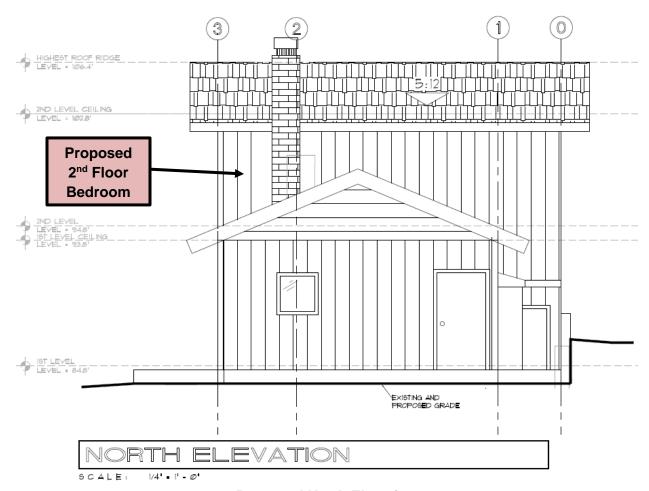
Site Plan



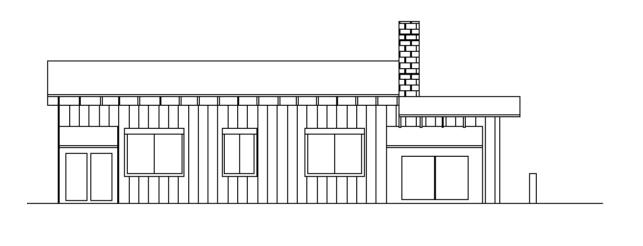


SCALE: 1/8 1 - Ø

Existing North Elevation

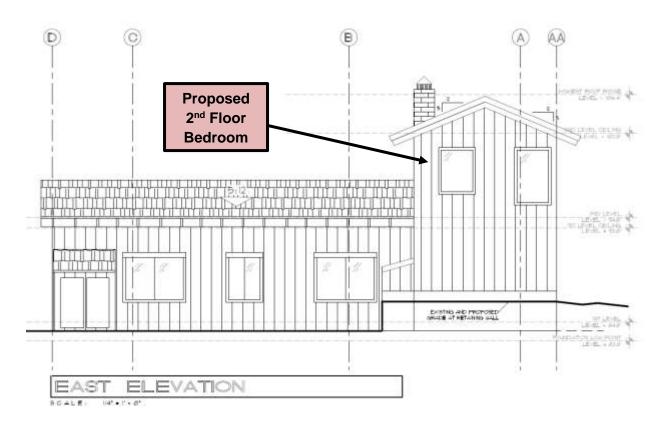


Proposed North Elevation

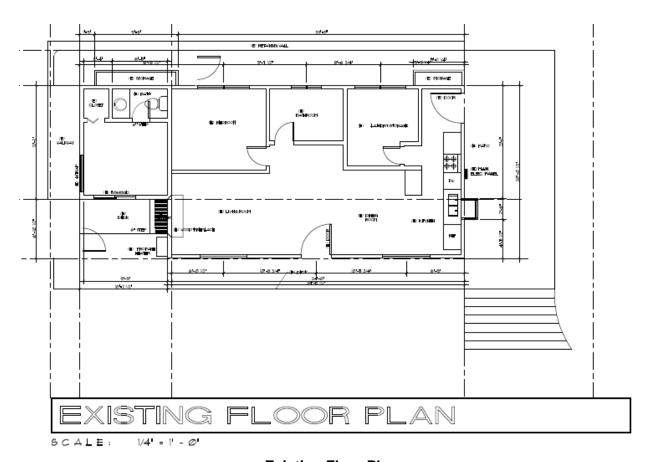




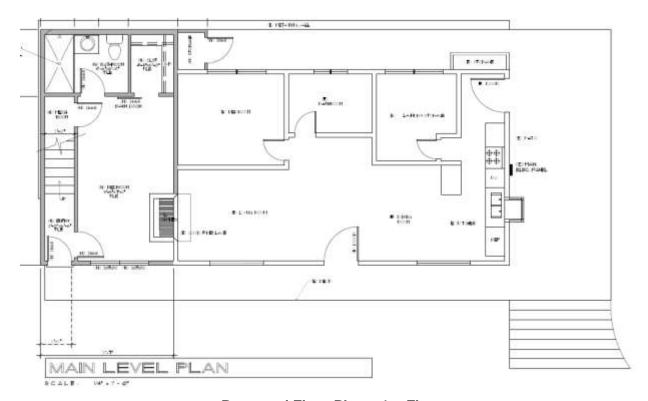
Existing East Elevation



Proposed East Elevation



Existing Floor Plan



Proposed Floor Plan - 1st Floor



Proposed Floor Plan - 2nd Floor

Project Evaluation

The applicant is seeking to reduce the required north side yard setback from 5 feet to 1 foot. The applicant is proposing to slightly enlarge the existing bedroom wing and add a second level bedroom. The existing house already protrudes into the side yard setback.

The most critical aspect of evaluation of a proposed variance is to recognize that Nevada Revised Statues (NRS 278.300) limits the power of the Board of Adjustment to grant variances only under particular circumstances. The applicant has the responsibility to demonstrate that the subject property exhibits one or more of the following characteristics to demonstrate a hardship:

- 1) exceptional narrowness, shallowness, or shape of a specific piece of property; or
- 2) by reason of exceptional topographic conditions; or
- 3) other extraordinary and exceptional situation or condition of the piece of property.

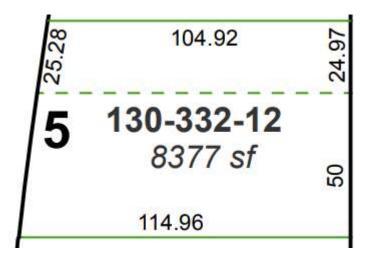
If such a finding of fact can first be made, then the Board must also determine that the strict application of the regulation would result in peculiar and exceptional practical difficulties to, or exceptional and undue hardships upon, the owner of the property.

Staff would like to emphasize that a hardship is based only upon characteristics of the land, not the convenience of the applicant.

Exceptional Narrowness:

The subject site has a regulatory zone of East Shore. In accordance with the Tahoe Area Plan, the minimum lot width for that zone, subject to the lot size, is 60 feet, as shown in the table on page 3 of this staff report. The subject parcel is approximately 75 feet in width. This exceeds the minimum lot width requirement by approximately 15 feet.

Thus, the subject parcel is not exceptionally narrow.



Parcel width – Image from Assessor's Parcel Map Number 130-33

Exceptional Shallowness:

The minimum lot dimension, as noted above, for the East Shore regulatory zone and subject to the lot size is 60 feet. The northern (side) property line is 104.92 feet in length, and the southern (side) property line is 114.96 feet in length, which results in an average depth of approximately 110 feet. This exceeds the minimum lot dimension by approximately 50 feet.

Thus, the subject parcel is not exceptionally shallow.

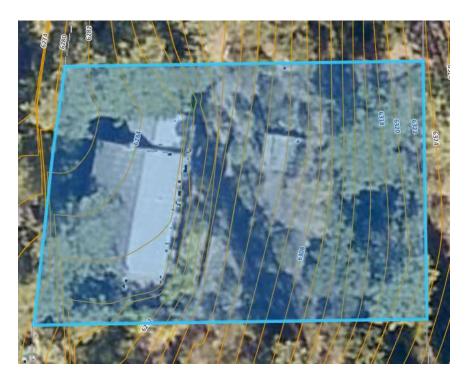
Exceptional Shape:

The subject parcel is essentially rectangular; please see the image above from the Assessor's map.

Thus, the parcel is not exceptionally shaped.

Exceptional Topographic Conditions:

The subject parcel slopes from an elevation of approximately 6322 feet at the east property line to an elevation of approximately 6282 at the west property line. This is a difference of 40 feet over a distance of approximately 110 feet. This results in a slope of approximately 36%. See image below. Slopes of 15% or greater over 20% or more of the subject site may be considered hillside development under Article 424 of the Development Code. The slope of the applicant's property is not unique to the subject parcel; parcels to the north and south of the subject parcel have similar slopes. Also, as shown in the contour map below, the front portion of the lot where the home is built has a relatively gentle slope, so it doesn't appear that slope is a factor for the location of the house.



Contours / Slope

Extraordinary and exceptional situation or condition of the property and/or location of surroundings.

The applicant has stated that the house was originally built in 1959 and is a historical house. The applicant has also stated that the purpose of the variance request is to increase the bedrooms without changing the existing historical house. The existing house already protrudes into the side yard setback. According to Article 904, Nonconformance, this house is considered a nonconforming structure, because it does not meet current setbacks. WCC Section 110.904.30 states that a nonconforming structure may not be enlarged by more than ten (10) percent. Enlarging the existing bedroom wing which protrudes into the side yard setback and adding a second level bedroom above that wing would result in an increase in nonconformance. It is staff's opinion that the age of the house is not an exceptional situation or condition of the property and does not meet the requirements for a variance.

The applicant also stated: "Other locations on the site were investigated to place the bedroom wing such as behind the unit however TRPA coverage restraints do not allow relocation of coverage since the entire site is Class 1A. This is the only viable location within the stringent TRPA rules." However, TRPA restraints and requirements are not extraordinary or exceptional for properties located in the Tahoe area. TRPA regulations are applied equally to all development within the Tahoe Basin.

Further findings of fact are also required for the Board to approve the requested variance. These include that the relief will not create a substantial detriment to the public good, substantially impair affected natural resources or impair the intent and purpose of the Development Code or applicable policies under which the variance is granted. Staff is unable to make this finding. Because there are no special circumstances applicable to the subject site, approval of a variance would impair the intent of the Development Code which requires that a finding of hardship be made for approval of a variance to be granted. Also, the limited side yard setback could have additional impacts to the neighboring property, such as drainage impacts, snow storage, etc.

Another required finding is that granting of the variance will not constitute a grant of special privileges inconsistent with the limitations upon other properties in the vicinity and the identical

regulatory zone in which the property is situated. This finding cannot be made. Because there are no special circumstances applicable to the subject site, approval of a variance to reduce the side yard setback results in a special privilege to this applicant that is not consistent with the limitations on other properties.

An additional required finding is that the requested variance does not authorize a use or activity which is not otherwise expressly authorized by the regulation governing the parcel of property. This finding can be made. A home addition is permissible on the subject site.

Finally, a finding that issuance of the permit will not have a detrimental effect on the location, purpose or mission of a military installation can be made as there is no military installation within the area that is required to be provided with public notice for the variance request.

Staff recommends denial of the variance, as there is no hardship of the land and no extraordinary conditions, as required by NRS and WCC, necessary to support the approval of the variance request.

Reviewing Agencies

The following agencies/individuals received a copy of the project application for review and evaluation.

Agency	Sent to Review	Responded	Provided Conditions	Contact
Nevada Dept of Transportation	\boxtimes			
Washoe County Building & Safety		\boxtimes		Dan Holly / dholly@washoecounty.gov
Washoe County Engineering				Rob Wimer / rwimer@washoecounty.gov
Washoe County Operations	\boxtimes			
Washoe County Sherriff	\boxtimes			
WCHD – Air Quality	\boxtimes			
WCHD – Environment Health	\boxtimes	\boxtimes		David Kelly / dakelly@washoecounty.gov
WCHD- EMS	\boxtimes	\boxtimes		Jackie Lawson / jlawson@washoecounty.gov
RTC Washoe	\boxtimes			
Washoe-Storey Conservation District				Jim Shaffer & Bret Tyler / shafferjam51@gmail.com & brettyler2@gmail.com
IVGID	\boxtimes			
Nevada State Lands	\boxtimes			
Nevada Tahoe Conservation District	\boxtimes			
North Lake Tahoe Fire Protection District	\boxtimes			
Tahoe Regional Planning Agency	\boxtimes			
Tahoe Transportation District				
US Forest Service – Lake Tahoe Basin Management Unit				

All conditions required by the contacted agencies can be found in Exhibit A, Agency Comments.

Staff Comment on Required Findings

Washoe County Development Code Section 110.804.25, Article 804, *Variances*, requires that all of the following findings be made to the satisfaction of the Washoe County Board of Adjustment before granting approval of the request. Staff has completed an analysis of the variance application and has determined that the proposal is in compliance with the required findings as follows.

- (a) <u>Special Circumstances</u>. Because of the special circumstances applicable to the property, including exceptional narrowness, shallowness or shape of the specific piece of property; exceptional topographic conditions; extraordinary and exceptional situation or condition of the property and/or location of surroundings; the strict application of the regulation results in exceptional and undue hardships upon the owner of the property.
 - <u>Staff Comment:</u> There are no special circumstances applicable to the property, as demonstrated in this report. The parcel has no exceptional narrowness, shallowness or shape of the specific piece of property; no exceptional topographic conditions; no extraordinary and exceptional situation or condition of the property and/or location of surroundings. The strict application of the regulation does not result in exceptional and undue hardships upon the owner of the property, as the owner is not being deprived of anything. An additional bedroom is a discretionary item.
- (b) <u>No Detriment.</u> The relief will not create a substantial detriment to the public good, substantially impair affected natural resources or impair the intent and purpose of the Development Code or applicable policies under which the variance is granted.
 - <u>Staff Comment:</u> Because there are no special circumstances applicable to the subject site, approval of a variance would impair the intent of the Development Code which requires that a finding of hardship be made. Also, the 1-foot setback will create a detrimental impact to the neighboring property to the north.
- (c) <u>No Special Privileges.</u> The granting of the variance will not constitute a grant of special privileges inconsistent with the limitations upon other properties in the vicinity and the identical regulatory zone in which the property is situated.
 - <u>Staff Comment:</u> Because there are no special circumstances applicable to the subject site, approval of a variance to reduce the side yard setback results in a special privilege to this applicant that is not consistent with the limitations on other properties.
- (d) <u>Use Authorized.</u> The variance will not authorize a use or activity which is not otherwise expressly authorized by the regulation governing the parcel of property.
 - <u>Staff Comment</u>: A home addition is permissible on the subject site.
- (e) Effect on a Military Installation. Issuance of the permit will not have a detrimental effect on the location, purpose or mission of the military installation.
 - <u>Staff Comment:</u> There is no military installation within the area that is required to be provided with public notice for the variance request.

Recommendation

After a thorough analysis and review, Variance Case Number WPVAR22-0001 is being recommended for denial, primarily because there are no special circumstances applicable to the property that result in a hardship. Staff offers the following motion for the Board's consideration.

Motion

I move that, after giving reasoned consideration to the information contained in the staff report and information received during the public hearing, the Washoe County Board of Adjustment deny Variance Case Number WPVAR22-0001 for Susan Herz-Callahan Family Trust et al, being unable to make all five required findings in accordance with Washoe County Development Code Section 110.804.25:

- (a) <u>Special Circumstances</u>. Because of the special circumstances applicable to the property, including exceptional narrowness, shallowness or shape of the specific piece of property; exceptional topographic conditions; extraordinary and exceptional situation or condition of the property and/or location of surroundings; the strict application of the regulation results in exceptional and undue hardships upon the owner of the property;
- (b) <u>No Detriment.</u> The relief will not create a substantial detriment to the public good, substantially impair affected natural resources or impair the intent and purpose of the Development Code or applicable policies under which the variance is granted;
- (c) <u>No Special Privileges.</u> The granting of the variance will not constitute a grant of special privileges inconsistent with the limitations upon other properties in the vicinity and the identical regulatory zone in which the property is situated;
- (d) <u>Use Authorized.</u> The variance will not authorize a use or activity which is not otherwise expressly authorized by the regulation governing the parcel of property;
- (e) Effect on a Military Installation. Issuance of the permit will not have a detrimental effect on the location, purpose or mission of the military installation.

Appeal Process

Board of Adjustment action will be effective 10 calendar days after the written decision is filed with the Secretary to the Board of Adjustment and mailed to the applicant, unless the action is appealed to the Washoe County Board of County Commissioners, in which case the outcome of the appeal shall be determined by the Washoe County Board of County Commissioners. Any appeal must be filed in writing with the Planning and Building Division within 10 calendar days from the date the written decision is filed with the Secretary to the Board of Adjustment and mailed to the applicant.

Applicant: GilanFarr Architecture, Attn: Phil GilanFarr & Aleks Soto

phil@gilanfarrarchitects.com aleks@gilanfarrarchitecture.com

Property Owner: Susan Herz-Callahan Family Trust et al, Attn: Matt Callahan

mattcallahan@allstate.com

Tahoe Agencies: Tahoe Regional Planning Agency

wjepson@trpa.org

North Lake Tahoe Fire Protection District

jdonogue@nltfpd.net

Incline Village General Improvement District tim_buxton@ivgid.org

Tahoe Transportation District info@tahoetransportation.org

Nevada State Lands sbarker@lands.nv.gov

USFS kkuentz@fs.fed.us

Nevada Tahoe Conservation District mkelly@ntcd.org

 From:
 Holly, Dan

 To:
 Stark, Katherine

 Subject:
 WCPVAR22-0001

Date: Tuesday, January 18, 2022 3:08:19 PM

Attachments: image001.png image002.png

image003.png image004.png image005.png

Hello Katy: I have reviewed the above referenced application and have the following comments: 1. If the variance is granted the wall of the proposed structure would be required to be rated at 1 hour, contain no openings, (doors or windows) and have no roof overhangs. Please let me know if you need additional information. Thank You



Please tell us how we did by taking a quick <u>survey</u> Dan Holly

Plans Examiner Supervisor, Planning and Building Division | Community Services Department

dholly@washoecounty.gov | Office hours: Monday and Friday 7:30-4:30

Dirrect line Office: (775) 328-2027

1001 E. Ninth St., Bldg. A, Reno, NV 89512





WASHOE COUNTY

COMMUNITY SERVICES DEPARTMENT Engineering and Capital Projects

Date: January 26, 2022

To: Katy Stark, Planner, Planning and Building Division

From: Robert Wimer, P.E., Engineering and Capital Projects Division

Re: Variance Case WPVAR22-0001 – Herz-Callahan Side Yard Setback Variance

APN 130-332-12

GENERAL PROJECT DISCUSSION

Washoe County Engineering and Capital Project staff has reviewed the above referenced application. The application, prepared by GilanFarr Architecture, is for a variance to reduce the required building setbacks for a residence along the north border of the parcel from five feet to one foot.

The plan shows the construction of a BMP Treatment Dripline Trench extending into the adjoining property presumably in support of and required due to the new structure. It is also presumed that lot drainage will be intercepted and routed north onto the adjoining property. Washoe the The Engineering and Capital Projects Division recommends approval of this variance case subject to the following conditions of approval:

- 1. A complete set of construction improvement drawings, including an on-site grading plan, shall be submitted when applying for a building/grading permit. Grading shall comply with best management practices (BMP's) and shall include detailed plans for grading, site drainage, erosion control (including BMP locations and installation details), slope stabilization, and mosquito abatement. Placement or removal of any excavated materials shall be indicated on the grading plan. Silts shall be controlled on-site and not allowed onto adjacent property.
- 2. With the submittal of a building permit and prior to approval, the grading plan shall clearly show all proposed drainage swales, and BMP's (e.g. drip line trenches), and any drainage or BMP facilities which are located on adjoining private property, appropriate easements shall be prepared and recorded granting the right to construct and maintain said facilities with a copy of the recorded document provided to Washoe County.









February 7, 2022

Washoe County Community Services Planning and Development Division PO Box 11130 Reno, NV 89520-0027

1710 Lakeshore Remodel; 130-332-12 RE:

Variance; WPVAR22-0001

Dear Washoe County Staff:

The following conditions are requirements of the Washoe County Health District, Environmental Health Division (EHS), which shall be responsible for determining compliance with these conditions.

Contact Name – David Kelly

EHs has no issues with the variance as proposed.

If you have any questions or would like clarification regarding the foregoing, please contact Dave Kelly, EHS Supervisor at dakelly@washoecounty.us regarding all Health District comments.

Sincerely,

Dave Kelly, REHS **EHS Supervisor Environmental Health**

Washoe County Health District

 From:
 Program, EMS

 To:
 Stark, Katherine

 Cc:
 Program, EMS

Subject: FW: January Agency Review Memo II

Date: Thursday, January 20, 2022 10:23:29 AM

Attachments: January Agency Review Memo II.pdf

Outlook-1cdzhlex.pnq Outlook-1xi0cujn.pnq Outlook-edt2gevv.pnq Outlook-35kaj5xm.pnq Outlook-baebh4ua.pnq

Ms. Stark,

The EMS Oversight Program has reviewed Variance Case Number WPVAR22-0001 (Herz-Callahan Side Yard Setback Reduction) and does not currently have any questions, comments or concerns regarding this application.

Thank you,

Jackie Lawson

Office Support Specialist | Division of Epidemiology & Public Health Preparedness | Washoe County Health District Jlawson@washeocounty.gov | O: (775) 326-6051 | 1001 E. Ninth St., Bldg B, Reno, NV 89512



From: Albarran, Adriana <AAlbarran@washoecounty.gov>

Sent: Tuesday, January 18, 2022 12:03 PM

To: Rosa, Genine <GRosa@washoecounty.gov>; Restori, Joshua <JRestori@washoecounty.gov>; English, James <JEnglish@washoecounty.gov>; Rubio, Wesley S <WRubio@washoecounty.gov>; Kelly, David A <DAKelly@washoecounty.gov>; Program, EMS <EMSProgram@washoecounty.gov>

Cc: EHS Plan Review < EHSPlanReview@washoecounty.gov>

Subject: January Agency Review Memo II

Good afternoon,

Please find the attached Agency Review Memo with cases received in January by Washoe County Community Services Department, Planning and Building Division.

You've each been asked to review the applications for the items indicated below. The item descriptions and links to the applications are provided in the memo.

Please remember to send any agency review responses/comments directly to the Planner

for the case.

~~~~

Genine / Joshua - Item #1 and #2

Jim / Wes / David - Item #1 and #2

EMS - Item #1 and #2

Regards,

#### Adriana Albarran

Office Support Specialist, Planning & Building Division | Community Services Department

aalbarran@washoecounty.gov | Direct Line: 775.328.2721



My working hours: Monday-Friday 8:00am to 4:30pm

Visit us first online: www.washoecounty.gov/csd

Planning Division: 775.328.6100 | Planning@washoecounty.gov

CSD Office Hours: Monday-Friday 8:00am to 4:00pm

1001 East Ninth Street, Reno, NV 89512



Have some kudos to share about a Community Services Department employee or experience?

Submit a Nomination



## Washoe-Storey Conservation District

Bret Tyler Chairmen Jim Shaffer Treasurer Cathy Canfield Storey app Jean Herman Washoe app

1365 Corpotate Blvd. RenoNV 89502 775 857-8500 ext. 131 nevadaconservation.com

January 26, 2022

Washoe County Community Services Department

C/O Katy Stark, Planner

1001 E Ninth Street, Bldg. A

Reno, NV 89512

R: WPVAR22-0001 Herz-Callahan

Dear Katy,

In reviewing the variance to reduce the side yard setback, the Conservation District has the following comments.

The District supports the BMP treatment of utilizing infiltration trenches that supports ground water recharge.

With the removal of trees, the District recommends a 2:1 ratio of tree replacement to mitigate this loss.

Thank you for providing us the opportunity to review the project that may have impacts on our natural resources and any questions call us at (785)-750-8272.

Sincerely,

J. L. Shaffer

From: Philip GilanFarr
To: Stark, Katherine

**Subject:** FW: Remodel - Addition to Tahoe Cabin **Date:** Monday, February 7, 2022 5:31:31 PM

Attachments: <u>image001.png</u>

[NOTICE: This message originated outside of Washoe County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

A support letter

Phil GilanFarr



GilanFarr Architecture Interiors Construction

Post Office Box 446 22 State Route 28 Suite 202 Crystal Bay, NV 89402 (775) 831-8001 office (775) 742-3358 mobile (775) 831-8068 fax

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From: Callahan, Matt <MattCallahan@allstate.com>

Sent: Monday, February 7, 2022 5:22 PM

**To:** Philip GilanFarr <phil@gilanfarrarchitecture.com>; Aleks Soto

<Aleks@gilanfarrarchitecture.com>

Subject: Fw: Remodel - Addition to Tahoe Cabin

#### Support from the Ostomel/Steinheimers



**From:** Jeffrey Ostomel <<u>jeffostomel@outlook.com</u>>

Sent: Monday, February 7, 2022 5:20 PM

**To:** Callahan, Matt < <u>MattCallahan@allstate.com</u>> **Subject:** [External] Remodel - Addition to Tahoe Cabin

Matt.

Thank you for taking time to share with me your proposal for an updated bedroom wing on your existing home. I understand that in order to accommodate your bedroom wing you would be required to reduce your northside setback from 5 feet to a little over 1 foot.

Of course, we have no issues with respect to your proposal and our entire family supports you moving forward. Hopefully, you will get an approval for the reduced setback.

Regards,

The Steinheimer/Ostomel Family Trusts,

Jeffrey A Ostomel, Trustee

APNs 130-331-12&13

1717 and 1719 State Route 28

Incline Village, NV

775-846-8090

From: Philip GilanFarr

To: Stark, Katherine

Subject: FW: Cabin addition

**Date:** Tuesday, February 8, 2022 9:48:37 AM

Attachments: <u>image001.png</u>

[NOTICE: This message originated outside of Washoe County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

Another neighbor in support.

Phil GilanFarr



GilanFarr Architecture Interiors Construction

Post Office Box 446 22 State Route 28 Suite 202 Crystal Bay, NV 89402 (775) 831-8001 office (775) 742-3358 mobile (775) 831-8068 fax

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From: Callahan, Matt < MattCallahan@allstate.com>

Sent: Tuesday, February 8, 2022 8:18 AM

To: Philip GilanFarr <phil@gilanfarrarchitecture.com>

Subject: Fwd: Cabin addition

#### Get Outlook for iOS

From: Greg Pryor < g.pryor@att.net >

**Sent:** Tuesday, February 8, 2022 7:54:46 AM **To:** Callahan, Matt < <u>MattCallahan@allstate.com</u> >

Subject: [External] Cabin addition

Matt,

Thank you Matt for sharing with us the holdup with approval for your cabin addition. Theresa, myself and our family at 1712 LakeShore Blvd are very supportive of your need to add on to your cabin. The reduction of your setback from roughly 5 feet to a little over 1 foot is understandably and we are supportive.

We have no issues as your neighbor and are in support of your project moving forward.

Greg and Theresa Pryor 1712 Lakeshore Blvd

- Greg

From: Philip GilanFarr
To: Stark, Katherine

Subject: FW: Support of Callahan project

Date: Friday, February 11, 2022 2:28:50 PM

Attachments: <u>image001.png</u>

[NOTICE: This message originated outside of Washoe County -- DO NOT CLICK on links or open attachments unless you are sure the content is safe.]

Another one

Phil GilanFarr



GilanFarr Architecture Interiors Construction

Post Office Box 446 22 State Route 28 Suite 202 Crystal Bay, NV 89402 (775) 831-8001 office (775) 742-3358 mobile (775) 831-8068 fax

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From: Jeanette Finney < jeanette.finney@gmail.com>

Sent: Friday, February 11, 2022 2:06 PM

To: Matt Callahan <mattcallahan@allstate.com>

**Cc:** Jack Finney <johndfinney@gmail.com>; Philip GilanFarr <phil@gilanfarrarchitecture.com>

Subject: Support of Callahan project

Hi Matt,

Thanks for taking time to share with me your proposal for an updated bedroom wing on your existing home. I understand that in order to accommodate your bedroom wing you would be required to reduce your northside setback from 5 feet to a little over 1 foot in the space between your property line and your existing cabin.

We have no issues with respect to your proposal and support you moving forward. I hope you will get an approval for the reduced setback. The upgrades will really be an improvement and meet the needs of your growing family. Good luck!

Regards,

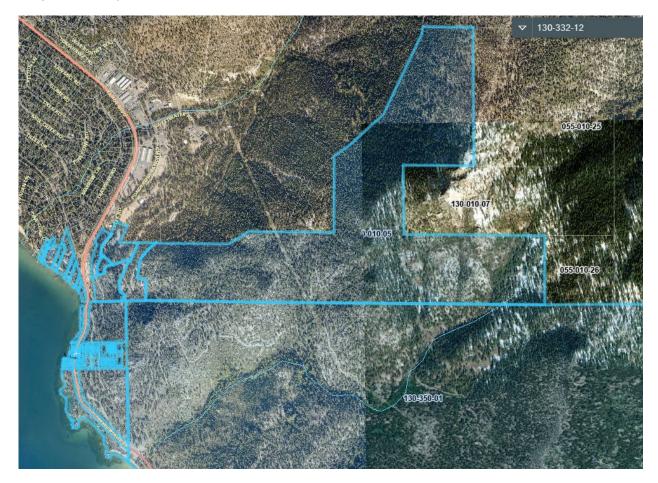
Jeanette & John Finney 1715 Lakeshore

Sent from my iPad

#### **Public Notice**

WPVAR22-0001 (Herz-Callahan Side Yard Setback Reduction)

Pursuant to Washoe County Code Section 110.804.20 public notification consists of notification by mail of at least 30 separate property owners within a minimum 500-foot radius of the subject property. The property owners of 68 parcels were noticed within a 2,000 foot radius of the subject property.



**NOTICING MAP** 

# **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.:                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Project Name: 1710 L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | akeshore E                      | Blvd                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hadesam hathroon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o O a lavana state avea to land | ing area in north end by 3-4 ft in each<br>to 2nd level. Upper level will consist o<br>k and retaining walls whereever possit | 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Project Address: 1710 Lake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | shore Blvd, Incline Villa       | ige, NV 89451                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Project Location (with point of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of reference to major cross     | s streets AND area locator):                                                                                                  | The second secon |
| 1710 Lakeshore Blv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d, Incline Village,             | NV 89451 / aka HWY                                                                                                            | ′28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Name:Susan Herz-Callahai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n Family Trust et al            | Name: GilanFarr Architecture                                                                                                  | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address:PO Box 4092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (10)                            | Address:PO Box 446                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Incline Village, NV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Zip: 89450                      | Crystal Bay, NV                                                                                                               | Zip: 89402                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Phone: 775.842.5919                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fax:                            | Phone: 775.831.8001                                                                                                           | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Email:mattcallahan@allstat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e.com                           | Email:phil@gilanfarrarchited                                                                                                  | ts.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Contact Person:Matt Callah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ian                             | Contact Person:Phil GilanFa                                                                                                   | arr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Applicant/Developer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Other Persons to be Conta                                                                                                     | acted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name: GilanFarr Architectur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e                               | Name:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address:PO Box 446                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Address:                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Phone: 775.831.8001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fax:                            | Phone:                                                                                                                        | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Email:aleks@gilanfarrarchit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ecture.com                      | Email:                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cell: 925.367.1075                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Other:                          | Cell:                                                                                                                         | Other:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Contact Person: Aleks Soto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Contact Person:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and the state of t | For Office                      | Use Only                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Initial:                        | Planning Area:                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County Commission Distric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t:                              | Master Plan Designation(s):                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CAB(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | V                               | Regulatory Zoning(s):                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

# **Property Owner Affidavit**

| Applicant Name: GilanFarr Architecture                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 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 WARLIOT                                                                                                                                                                                                                                                                                                                                                                                                            |
| COUNTY OF WASHOE )                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. Susan Joyce Herz                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1, Susan Joyce Herz (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): 130-332-12                                                                                                                                                                                                                                                                                                                                                                                        |
| Printed Name Susan Joyce Herz  Signed Lusan goyce Hery  Address P.D. Box 4092                                                                                                                                                                                                                                                                                                                                                |
| Subscribed and sworn to before me this                                                                                                                                                                                                                                                                                                                                                                                       |
| Set day of <u>January</u> 2002. (Notary Stamp)                                                                                                                                                                                                                                                                                                                                                                               |
| Notary Public in and for said county and state  DONNA E. WARD Notary Public - State of Nevada                                                                                                                                                                                                                                                                                                                                |
| My con-mission expires: May 24, 2024  Appointment Recorded in Washoe County No: 92-1090-2 - Expires May 24, 2024                                                                                                                                                                                                                                                                                                             |
| *Owner refers to the following: (Please mark appropriate box.)                                                                                                                                                                                                                                                                                                                                                               |
| Ø 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.)                                                                                                                                                                                                                                                                                                                                             |
| □ tetter from Government Agency with Stewardship                                                                                                                                                                                                                                                                                                                                                                             |

# **Property Owner Affidavit**

| The receipt of this applic                                                    | cation at the time of submittal does not guarantee the application complies with all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| applicable area plan the                                                      | Vashoe County Development Code, the Washoe County Master Plan or the applicable regulatory zoning, or that the application is described.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| be processed.                                                                 | a applicable regulatory zoning, or that the application is deemed complete and will                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                               | 그렇게 보고 하면 있다면 모든 가게 되었는데 그렇게 되었다. 그렇게 되었다면 하다                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| STATE OF NEVADA                                                               | j.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| COUNTY OF WASHOE                                                              | <b>)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                               | Matthew James Callahan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                               | (planes with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| eing duly sworn, depos                                                        | so and and the transfer of the |
| polication as listed beli                                                     | ow and that the foregoing statements and answers herein contained and the mitted are in all respects complete, true, and correct to the hour foregoing statements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| nd belief. I understand                                                       | mitted are in all respects complete, true, and correct to the best of my knowledge of that no assurance or guarantee can be given by received the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ununig.                                                                       | given by members of Planning and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (A separate Affida)                                                           | vit must be provided by each property owner named in the title report.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| season Darani N.                                                              | owner named in the title report.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ssessor Parcel Number                                                         | (S): 130-332-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                               | Printed Name Mathey James Calldra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                               | to song varies canana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                               | Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                               | Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                               | 015-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                               | Address 8155 & Virginia St. #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                               | D 061 30-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| bscribed and sworn                                                            | to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| day of Janua                                                                  | 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1 1                                                                           | (Notary Stamp)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| anna a uni                                                                    | lel . DONAT WAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| tary Public in and for sa                                                     | id county and state  DONNA E. WARD Notary Public - State of Nevacla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| commission expires: 1                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                               | 10.32 100 C Lipido may 24, 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                               | ng: (Please mark appropriate to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| vner refers to the followi                                                    | ing: (Please mark appropriate box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| vner refers to the followi<br>☑ Owner                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| vner refers to the followide Owner  Corporate Officer/F                       | Partner (Provide copy of record document indicating puth with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| wher refers to the following  Owner  Corporate Officer/F  Power of Attorney ( | Partner (Provide copy of record document indicating authority to sign.)  (Provide copy of Power of Attorney.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Owner of Attorney ( Owner Agent (Prov                                         | Partner (Provide copy of record document indicating authority to sign.)  (Provide copy of Power of Attorney.)  ide notarized letter from property owner giving legal purposity to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Owner of Attorney ( Owner Agent (Property Agent (Pro                          | Partner (Provide copy of record document indicating puther)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

# Property Owner Affidavit

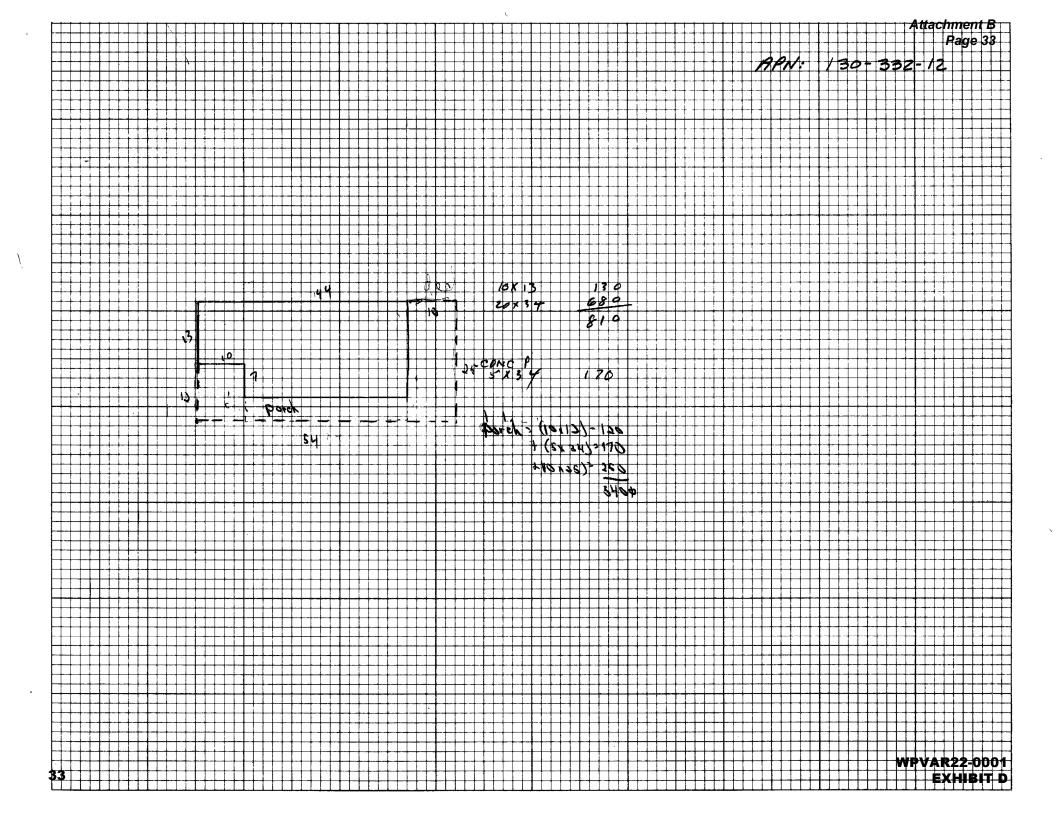
| Applicant Name: GlanFarr Architecture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| , Dorek Callahan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| (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): 130-332-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Printed Name Derek Callahan Signed Del Callahan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address 2101 Olympic circle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Reno, WV 89509                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Subscribed and sworn to before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Intermed face                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Notary Public in and for said county and state    Notary Public, State of Nota |
| My commission expires: 08-19-25 Cardificate No: 05-100278-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| *Owner refers to the following: (Please mark appropriate box.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Owner Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <ul> <li>Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ☐ Power of Attorney (Provide copy of Power of Attorney.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <ul> <li>Owner Agent (Provide notarized letter from property owner giving legal authority to agent.)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ☐ Property Agent (Provide copy of record document indicating authority to sign.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ☐ Letter from Government Agency with Stewardship                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

31

# Variance Application Supplemental Information (All required information may be separately attached)

| ¥  | hal previsions of the Development Code (e.g. front yard setback, height, etc.) must be waived or varied to permit your request?                                                                                                                        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | side yard setback reduced from 5ft to 1ft                                                                                                                                                                                                              |
|    | You must answer the following questions in detail. Failure to provide complete and accurate information will result in denial of the application.                                                                                                      |
| ž  | What are the topographic conditions, extraordinary or exceptional circumstances, shape of the property or location of surroundings that are unique to your property and, therefore, prevent you from complying with the Development Code requirements? |
|    | see attached pdf                                                                                                                                                                                                                                       |
| 3. | What steps will be taken to prevent substantial negative impacts (e.g. blocking views, reducing privacy, decreasing pedestrian or traffic safety, etc.) to other properties or uses in the area?                                                       |
|    | see attached pdf                                                                                                                                                                                                                                       |
| 4. | How will this variance enhance the scenic or environmental character of the neighborhood (e.g. eliminate encroachment onto slopes or wetlands, provide enclosed parking, eliminate clutter in view of neighbors, etc.)?                                |
|    | see attached pdf                                                                                                                                                                                                                                       |
| 5. | What enjoyment or use of your property would be denied to you that is common to other properties in your neighborhood?                                                                                                                                 |
|    | see attached pdf                                                                                                                                                                                                                                       |
| 3. | Are there any restrictive covenants, recorded conditions or deed restrictions (CC&Rs) that apply to the area subject to the variance request?                                                                                                          |
|    | ☐ Yes ☐ No If yes, please attach a copy.                                                                                                                                                                                                               |
| 7. | How is your current water provided?                                                                                                                                                                                                                    |
|    | IVGID Public Works                                                                                                                                                                                                                                     |
| В. | How is your current sewer provided?                                                                                                                                                                                                                    |
|    | IVGID Public Works                                                                                                                                                                                                                                     |
|    |                                                                                                                                                                                                                                                        |

hoe County Planning and Building
VANANCE APPLICATION SUPPLEMENTAL INFORMATION



#### 1710 Lakeshore Blvd.

#### **Variance Findings**

1. What provisions of the Development Code (e.g. front yard setback, height, etc.) must be waived or varied to permit your request?

Side setback (North side) from 5 feet to 1 foot.

2. What are the topographic conditions, extraordinary or exceptional circumstances, shape of the property or location of surroundings that are unique to your property and, therefore, prevent you from complying with the Development Code requirements?

The house was originally built in 1959 and a portion of the structure and bedroom wing extended into Romance Ave. Romance Avenue was abandoned and split to the benefit of the two adjoining properties, both at the time were owned by the same family.

The purpose of the variance request is to increase the bedrooms without changing the existing historical house. The site is a 30% upslope directly from highway 28. The existing house already protrudes into the side setback. We propose to enlarge slightly the existing bedroom wing and add a second level bedroom. There is no other site location which would allo the bedroom addition.

3. What steps will be taken to prevent substantial negative impacts (e.g. blocking views, reducing privacy, decreasing pedestrian or traffic safety, etc.) to other properties or uses in the area?

There are no residential homes above this site. We are proposing to replace the existing bedroom wing so no views or privacy would be interfered with.

4. How will this variance enhance the scenic or environmental character of the neighborhood (e.g.eliminate encroachment onto slopes or wetlands, provide enclosed parking, eliminate clutter in view of neighbors, etc.)?

By placing the bedroom wing as proposed we can maintain the existing parking area on the south side and not effect the condition of the historic residence.

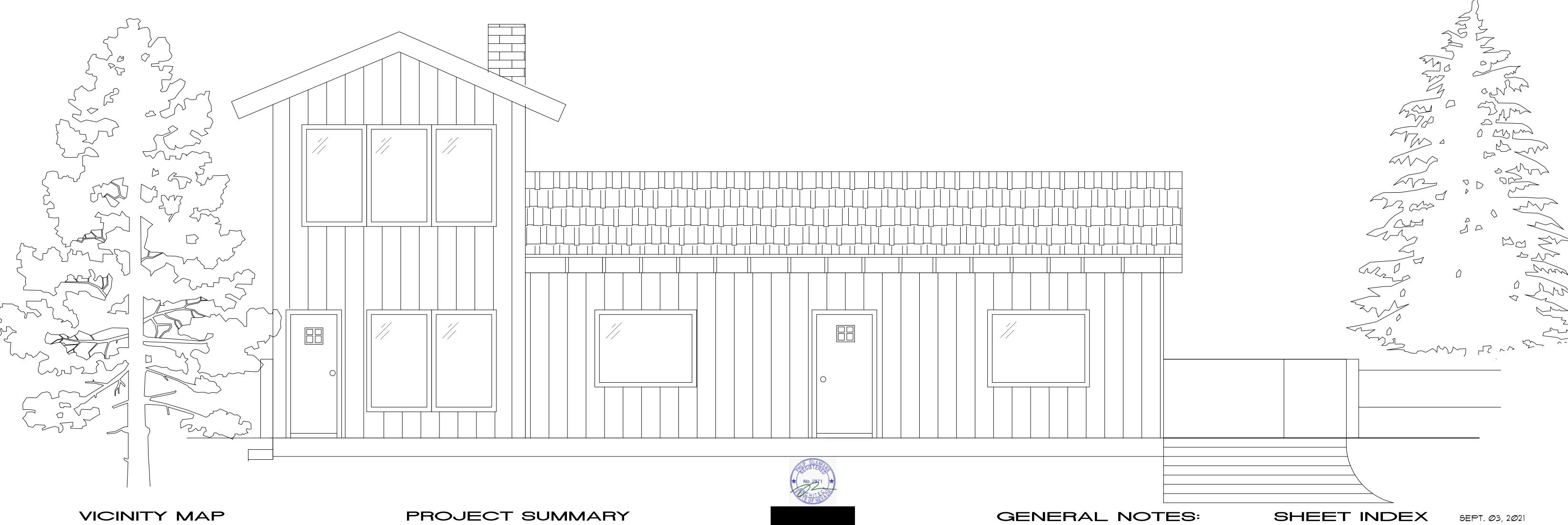
5. What enjoyment or use of your property would be denied to you that is common to other properties in your neighborhood?

The ability to have more than one bedroom.

INCLINE VILLAGE - D WASHOE COUNTY

130-332-12

# A CUSTOM ADDITION FOR THE HERZ-CALLAHAN FAMILY



# INCLINE VILLAGE >aboe PROJECT LOCATION , 1710 LAKESHORE BLVD

#### DESIGN CRITERIA: OCCUPANCY: R3

TWO-STORY WOOD FRAMED BUILDING

DESCRIPTION OF WORK: MAINTAIN EXISTING MAIN AREA OF HOUSE. AT THE NORTH END OF THE HOUSE, EXTEND LIVING AREAS BY 3-4 FEET IN EACH DIRECTION TO CREATE LARGER BEDROOM, LARGER BATHROOM, AND AREA FOR STAIRS TO AN UPPER LEVEL. UPPER LEVEL SHALL BE ONE BEDROOM WITH A SMALL BATH. MAINTAIN DECK AND RETAINING WALLS WHERE POSSIBLE.

INSTALL AN NFPAI3R FIRE SPRINKLER SYSTEM PER NLTFPD AND 2018 IWUIC 602.1. FIRE RISER SHALL BE PLACED IN THE MECHANICAL ROOM (CONDITIONED SPACE), LOCATED ON LOWER LEVEL AT FAR NORTH END OF HOUSE. KNOX BOX LOCATED TO THE LEFT OF THE NORTH DOOR.

ADDRESS NUMBERS SHALL BE MOUNTED ON THE STREET SIDE OF THE DETACHED GARAGE AND SHALL BE 6' LETTERS/NUMBERS AND BE A CONTRASTING COLOR TO THE BACKGROUND.

# SQUARE FOOTAGE:

| SQUARE FOOTAGE:        |          |
|------------------------|----------|
| (E) UPPER FLOOR AREA   | N/A      |
| (N) UPPER FLOOR AREA   | 281 SF   |
| (E) LOWER FLOOR AREA   | 766 SF   |
| (N) LOWER FLOOR AREA   | 955 SF   |
| TOTAL (N) LIVING AREA  | 1,236 SF |
| TOTAL AREA OF ADDITION | 47Ø SF   |

# **GILANFARR** architecture

**PO BOX 446 CRYSTAL BAY, NEVADA 89402** VOICE. (775) 831-8001 FAX. (775) 831-8068

GILANFARRARCHITECTURE.COM

THIS PROJECT IS DESIGNED UNDER THE 2018 EDITION OF THE INTERNATIONAL BUILDING CODE (IBC) OF THE INTERNATIONAL CONFERENCE OF BUILDING OFFICIALS AND THE 2018 IFC AND WUI (WILDLAND URBAN INTERFACE CODE). ALL DETAILS OF DESIGN, WORKMANSHIP AND MATERIALS SHALL CONFORM TO THESE STANDARDS ALONG THE IBC, STATE AND LOCAL CODES AND ORDINANCES INCLUDING NLTFPD RES 18-1 AND 18-2.

CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS SHOWN ON THESE DRAWINGS WITH THOSE AT THE SITE. ANY VARIATION WHICH REQUIRES PHYSICAL CHANGE SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT.

THESE DRAWINGS REMAIN THE PROPERTY OF GILANFARR + ASSOCIATES, ARCHITECTURE, A PROFESSIONAL CORPORATION. COPIES OF THESE DRAWINGS RETAINED BY THE CLIENT MAY BE UTILIZED ONLY FOR USE ON THE PARCEL FOR WHICH THEY WERE PREPARED AND ARE NOT FOR THE CONSTRUCTION OF ANY OTHER

# GENERAL NOTES SPECIAL INSPECTION SCHEDULE DETAILS

El.Ø

SDI SD2

ALL LEVEL FRAMING PLANS

PROPOSED SITE + GRADING PLAN

PROPOSED LOWER + UPPER FLOOR PLANS

PROPOSED LOWER + UPPER ELECTRICAL PLANS

EXISTING SINGLE-LEVEL PLAN

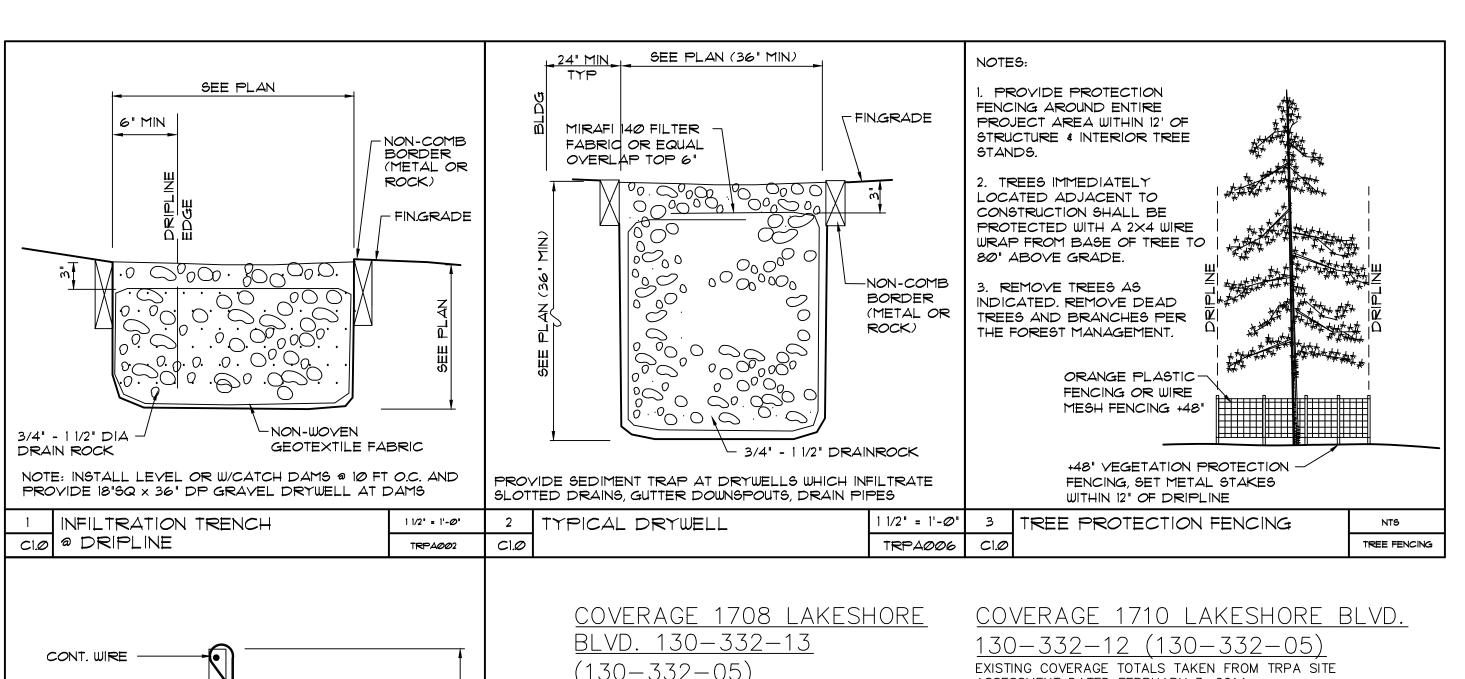
TITLE SHEET EXISTING SITE PLAN

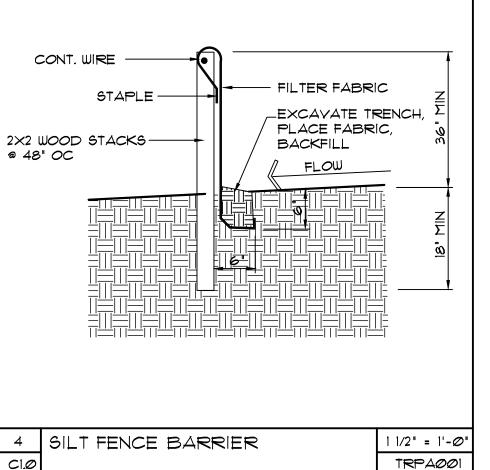
DETAILS

STRUCTURAL ENGINEER: STRUCTURED ENGINEERING, LLC.

JEFF HARREL, P.E., PRINCIPAL 972 JENNIFER STREET INCLINE VILLAGE, NEVADA 775-813-4915

PLAN CHECK 11/15/21

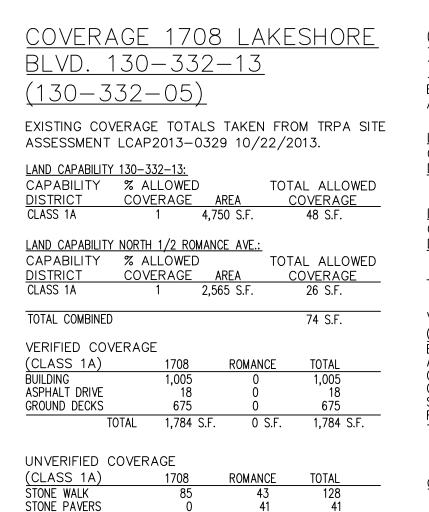




SITE DATA - TREES TO BE REMOVED: Ø - MODIFIED FLOOR AREA COVERED BY ROOF: 310 S.F. - DISTURBED AREA: APPROX. 616 S.F.

NLTFPD RESOLUTIONS 18-1 AND 18-2.

INCL. (N) BUILDING AREAS, AND (N) BMP AREAS. NO CHANGE TO ALL OTHER EXISTING AREAS. STORAGE IN CONSTRUCTION STAGING AREA AS SHOWN ON CI.O. GRADING CUT = 10 C.Y. (INCL. 5 CY BMPs) GRADING FILL = 5 C.Y.



(SUBTOTALS) 85 S.F.

OFFSITE COVERAGE 1708 ROMANCE TOTAL

ASSESSMENT DATED FEBRUARY 3, 2014.

| CAPABILITY<br>DISTRICT | % ALLOWED COVERAGE | AREA       | TOTAL AL<br>COVER |            |
|------------------------|--------------------|------------|-------------------|------------|
| CLASS 1A               | 1                  | 5,590 S.F  |                   |            |
| LAND CAPABILITY        | SOUTH 1/2 ROMA     | NCE AVE.:  |                   |            |
| CAPABILITY<br>DISTRICT | % ALLOWED COVERAGE | AREA       | TOTAL AL<br>COVER |            |
| CLASS 1A               | 1                  | 2,671 S.F  |                   |            |
| TOTAL COMBINED         |                    |            | 83 S.             | F.         |
| VERIFIED COVE          | ERAGE              |            |                   |            |
| (CLASS 1A)             |                    | 1710       | ROMANACE          | TOTAL      |
| BUILDING               |                    | 519        | 324               | 843        |
| ASPHALT DRIVE          |                    | 52         | 0                 | 52         |
| GROUND DECKS           |                    | 292        | 252               | 544<br>507 |
| CONCRETE PAVERS        | )                  | 377<br>21  | 130<br>17         | 507<br>38  |
| REAR DECK              |                    | 0          | 89                | 89         |
|                        | TOTAL              | 1,261 S.F. | 812 S.F.          | 2,073 S.F  |

NOTE: NO ADDITIONAL COVERAGE OR OFFSITE COVERAGE IS PROPOSED

# DEFENSIBLE SPACE NOTES

ESTABLISH AND MAINTAIN DEFENSIBLE SPACE SURROUNDING STRUCTURES IN ACCORDANCE WITH THE 2018 INTERNATIONAL RESIDUAL TREES OR TREE GROUPINGS. WILDLAND URBAN INTERFACE CIDE (IWUIC) WITH AMENDMENTS IN

2. A DEFENSIBLE SPACE INSPECTION IS REQUIRED TO PROVIDE SAFE SEPARATION BETWEEN STRUCTURES AND WILDLAND VEGETATION. ALL ITEMS NOTED DURING THE INSPECTION MUST BE CORRECTED PRIOR TO PERMIT CLOSEOUT. CONTACT AN NLTFPD INSPECTOR AT (175)-833-8107 TO SCHEDULE AN APPOINTMENT.

3. ALL DEAD VEGETATION, INCLUDING TREES, BRUSH AND OTHER VEGETATION MUST BE REMOVED.

4. ALL RESIDUAL TREES WILL BE LIMBED TO A HEIGHT OF TEN-FEET (10') ABOVE THE GROUND ON THE HIGH SIDE. REMOVAL OF LOWER BRANCHES SHOULD NOT EXCEED ONE-THIRD OF THE TOTAL TREE HEIGHT. IF MORE THAN ONE-THIRD OF THE LIVE CROWN MUST BE REMOVED TO ACCOMPLISH THIS CLIMBING, THEN USE THE HORIZONTAL SPACING GUIDELINES LISTED FOR BRUSH UNDER ITEM 6

5. ALL RESIDUAL TREES WILL BE LIMBED TO ACHIEVE A TEN-FOOT (10') CLEARANCE FROM ANY PART OF THE HOUSE TO THE BRANCHES OF THE TREE. IF LESS THAN 60% OF THE LIVE CROWN WOULD BE LEFT AFTER CLIMBING, THE TREE SHOULD BE REMOVED.

6. ALL BRUSH, TREES, AND FLAMMABLE MATERIALS MUST BE REMOVED FROM UNDER THE DRIP LINE OF

84 S.F. 169 S.F.

455

1,163 S.F.

WITHIN FIVE-FEET (5') OF THE FOUNDATION OR SUPPORT POSTS OF ANY PART OF THE STRUCTURE OR AN OUTBUILDING, REMOVE ALL FLAMMABLE VEGETATION AND MATERIALS.

8. WITHIN THE FIVE-FOOT (5') TO THIRTY-FOOT (30') ZONE, TREE CANOPIES WILL BE SPACED AT LEAST 10-FEET (10°) APART. IF TREES ARE GROUPED CLOSE ENOUGH TOGETHER AS TO ACT AS ONE UNIT, THEN ALL OTHER REQUIREMENTS MUST BE MET. WITHIN THE THIRTY (30') TO ONE-HUNDRED-FOOT (100') ZONE, STANDS OF LARGE TREES DO NOT HAVE TO BE REMOVED SO LONG AS THE VEGETATION UNDERNEATH THEM IS REMOVED. PLEASE SEE SPACING GUIDELINES BELOW FOR STEEPER SLOPES.

9. WITHIN THE FIVE-FOOT (5') TO THIRTY-FOOT (30') ZONE, BRUSH FIELDS MUST BE SPACED HORIZONTALLY A MINIMUM DISTANCE EQUAL TO OR GREATER THAN TWICE THE HEIGHT OF THE BRUSH. INDIVIDUAL BRUSH PLANTS CANNOT EXCEED 100-SQUARE FEET (100') IN AREA AND THREE (3') IN HEIGHT.

10. FOR SLOPING PROPERTIES, USE THE FOLLOWING STANDARDS FOR THE ABOVE REQUIREMENTS:

TREES SPACING
10-FEET BETWEEN EDGES OF CROWNS
20-FEET BETWEEN EDGES OF CROWNS
30-FEET BETWEEN EDGES OF CROWNS

0 - 20% 2 TIMES THE HEIGHT OF RESIDUAL BRUSH 20 - 40% 4 TIMES THE HEIGHT OF RESIDUAL BRUSH ABV 40% 6 TIMES THE HEIGHT OF RESIDUAL BRUSH

# SITE NOTES

CALL UNDERGROUND SERVICE ALERT OF NORTHERN CALIFORNIA AND NEVADA (800-227-2600) PRIOR TO

2. ALL BARREN AND DISTURBED AREAS TO BE REVEGETATED PER TRPA/BMP STANDARDS.

ALL SLOPES GREATER THAN 2:1 & ROAD SIDE DITCHES AND BANKS SHALL BE MECHANICALLY STABILIZED WITH EITHER ROCK PROTECTION OR VEGETATION. 4. REMOVE TREES AS INDICATED. REMOVE DEAD TREES & BRANCHES PER THE FOREST MANAGEMENT AND

DEFENSIBLE SPACE RECOMMENDATIONS. 5. CONTRACTOR SHALL INSURE PROPER PLACEMENT OF ADDITION WITHIN THE REQUIRED SETBACKS PER SITE COMPLIANCE INSPECTOR WHERE APPROPRIATE.

6. CONTRACTOR TO VERIFY LOCATIONS & CONNECTIONS OF WATER / SEWER / GAS / ELECTRIC / TELEVISION / TELEPHONE UTILITIES WITH APPROPRIATE SERVICE PROVIDERS PRIOR TO DIGGING. INSTALL ALL UTILITIES IN AN BE DESIGNED TO AVOID DISTURBANCE TO ROCK OUTCROPS AND TO MINIMIZE VEGETATION APPROVED TRENCH & IN ACCORDANCE WITH ALL APPLICABLE CODES & ORDINANCES.

PROVIDE 6" MIN TALL STREET ADDRESS NUMBERS CLEARLY VISIBLE, CONTRASTING FROM THE TRAVELED

8. ALL IMPROVEMENTS WITHIN WASHOE CO. RIGHT OR WAY SHALL BE CONSTRUCTED WITH THE LATEST COUNTY 17. CONTRACTOR SHALL UTILIZE AN APPROVED DISPOSAL CODES AND COUNTY STANDARD SPECIFICATIONS AND DETAILS.

9. AN ENCROACHMENT, STREET CUT AND EXCAVATION PERMIT SHALL BE OBTAINED BY THE CONTRACTOR PRIOR TO STARTING WORK WITHIN COUNTY RIGHT-OF-WAY. A REVOCABLE ENCROACHMENT PERMIT IS REQUIRED FOR ANY IMPROVEMENTS (PAVERS, CONCRETE, LANDSCAPING, WALLS, ETC.) IN THE COUNTY RIGHT-OF-WAY.

11. FINISH GRADE AROUND RESIDENCE SHALL SLOPE AWAY FROM STRUCTURE @ 5% MIN FOR

12. BMP CONTRIBUTING SURFACES AND TREATMENTS ARE LABELED ON SITE PLAN AND ALSO ON SHEET A3.0 "ROOF PLAN"

ALL BEST MANAGEMENT PRACTICES (BMPs) SHALL BE MAINTAINED IN PERPETUITY TO ENSURE EFFECTIVENESS WHICH MAY REQUIRE BMPS TO BE PERIODICALLY REINSTALLED OR REPLACED.

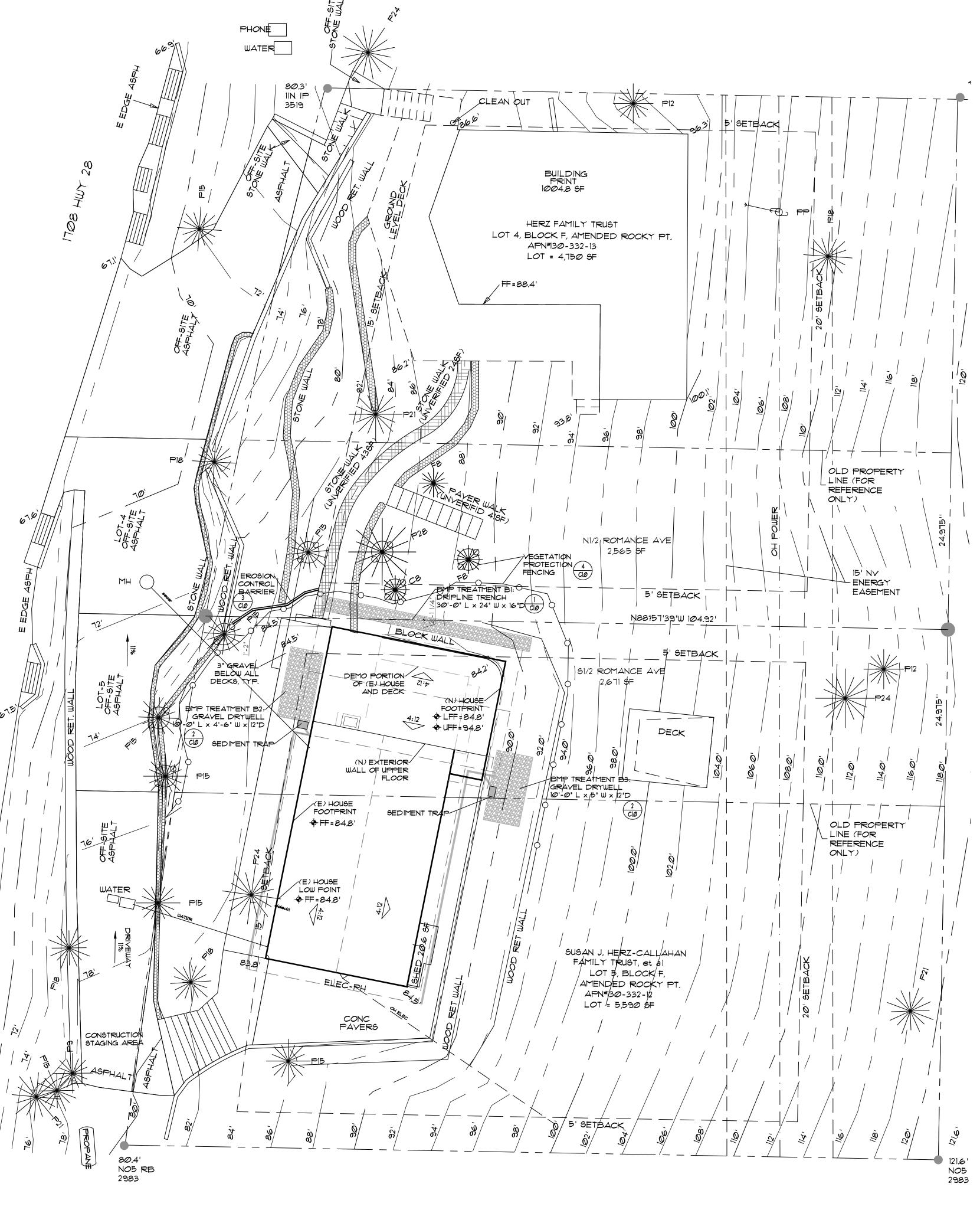
14. TEMPORARY AND PERMANENT BMPS MAY BE FIELD FIT BY THE ENVIRONMENTAL

15. EXISTING NATURAL FEATURES OUTSIDE OF THE BUILDING SITE SHALL BE RETAINED AND INCORPORATED INTO THE SITE DESIGN TO THE GREATEST EXTENT FEASIBLE. THE SITE SHALL REMOVAL AND MAINTAIN THE NATURAL SLOPE OF THE PROJECT SITE.

16. ALL EXTERIOR LIGHTING TO BE DARK SKY COMPLIANT AND APPROVED BY TRPA PRIOR TO USE ON PROJECT.

LOCATION FOR ALL MATERIAL EXPORTED FROM SITE.

18. A HOT WORK OPERATIONS PERMIT IS REQUIRED WHEN OPERATIONS INCLUDE CUTTING, WELDING, THERMIT WELDING, BRAZING, SOLDERING, GRINDING, THERMAL SPRAYING, THAWING PIPES, INSTALLATION OF TORCH-APPLIED ROOF SYSTEMS OR ANY OTHER SIMILAR ACTIVITY. PERMITS SHALL BE OBTAINED THROUGH NLTFPD.





**WPVAR22-0001 EXHIBIT D** 

REVISIONS

FILE:

DATE:

SCALE:

DRAWN:

SHEET:

1710 CI

MAY 15, 2021

AS NOTED

GFA

OF SHEETS

Attachment B

GILANFARR

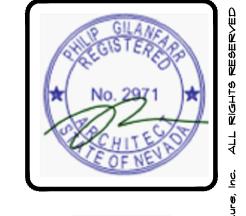
architecture

PO BOX 446

CRYSTAL BAY, NEVADA 89402

VOICE. (775) 831-8001 FAX. (775) 831-8068

GILANFARRARCHITECTURE.COM





PO BOX 446 CRYSTAL BAY, NEVADA 89402 VOICE. (775) 831-8001 FAX. (775) 831-8068

REVISIONS

FILE: 1916 LAKESHORE BLVD

GFA

(E) STORAGE architecture

3'-4' 6'-5'

SCALE: 1/4" = 1' - Ø"

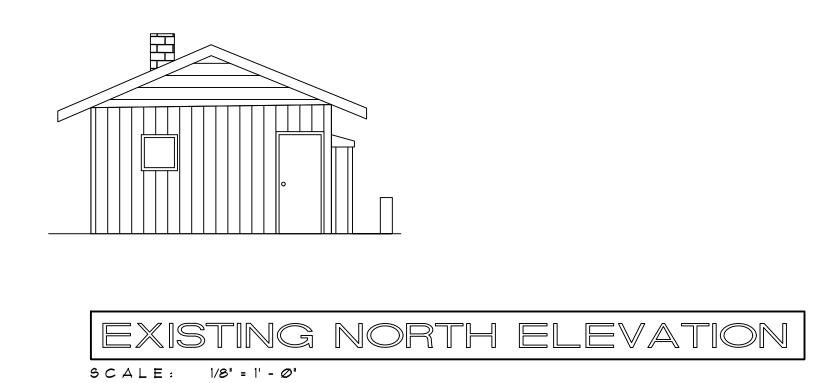
EXISTING FLOOR PLAN

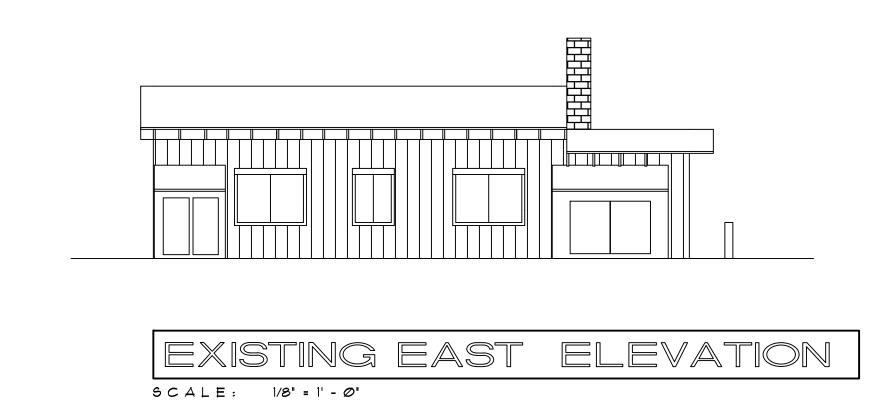
GILANFARRARCHITECTURE.COM

DATE: 09/03/2021

DRAWN:

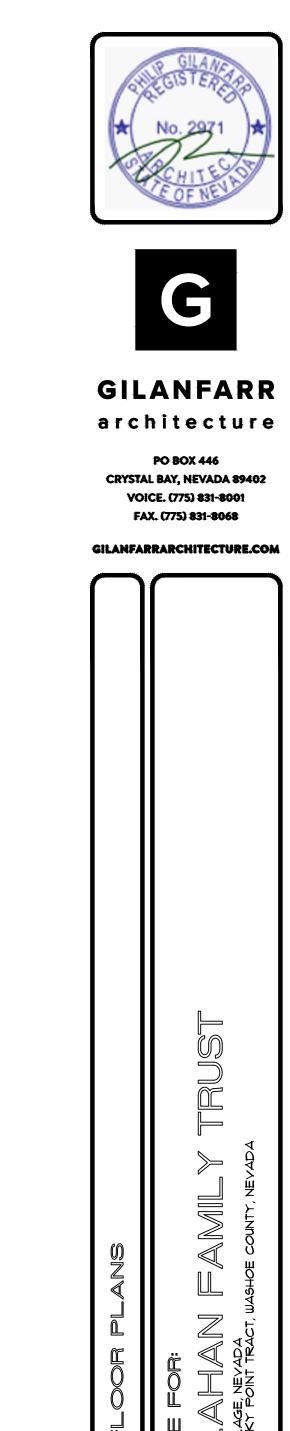
WPVAR22-0001 EXHIBIT D











ADDITIONAL MAIN LIVING SPACE = 138 SF

ADDITIONAL UPPER LIVING SPACE = 258 SF

(TOTAL ADDITIONAL LIVING SPACE = 396 SF)

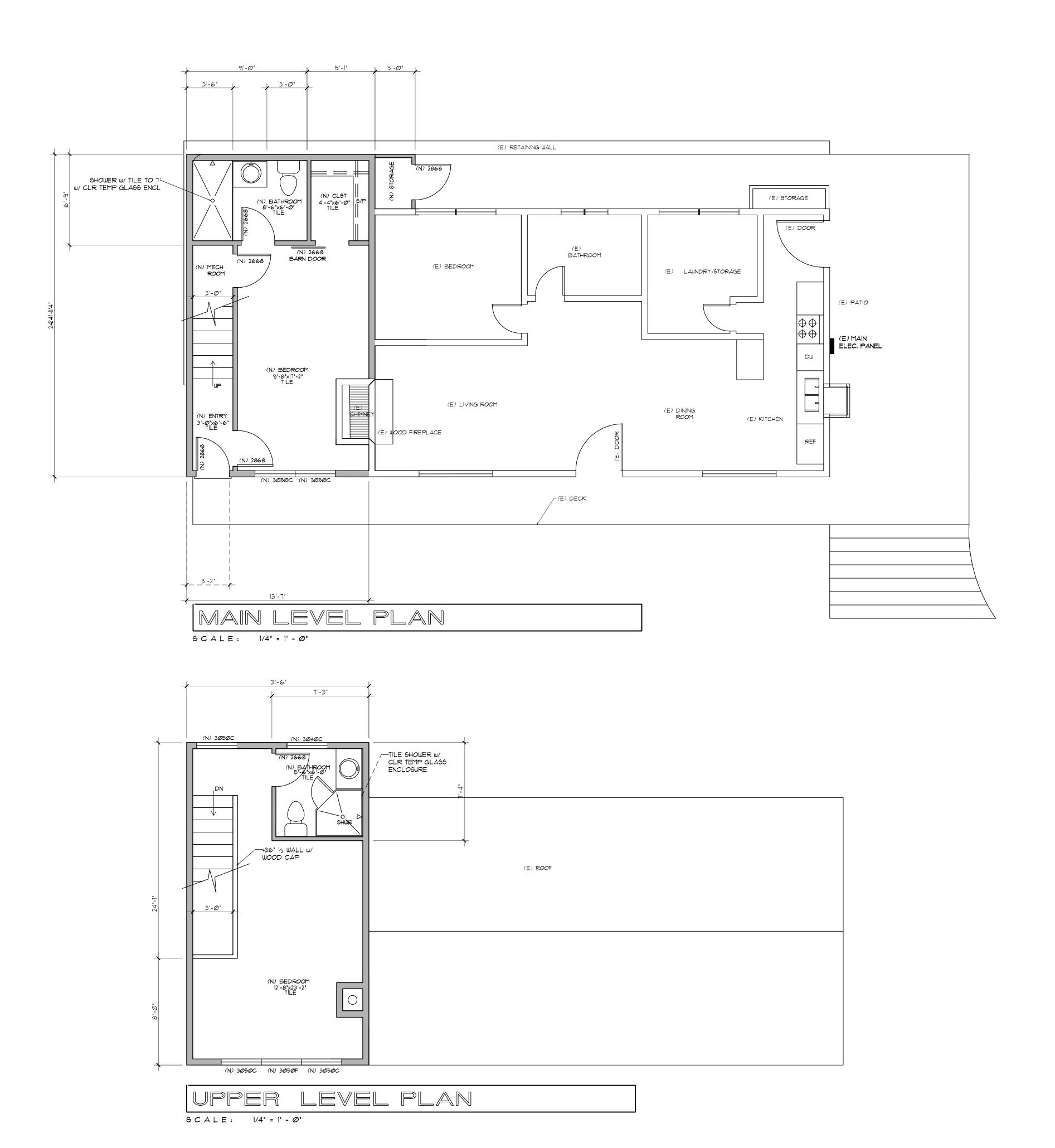
REVISIONS

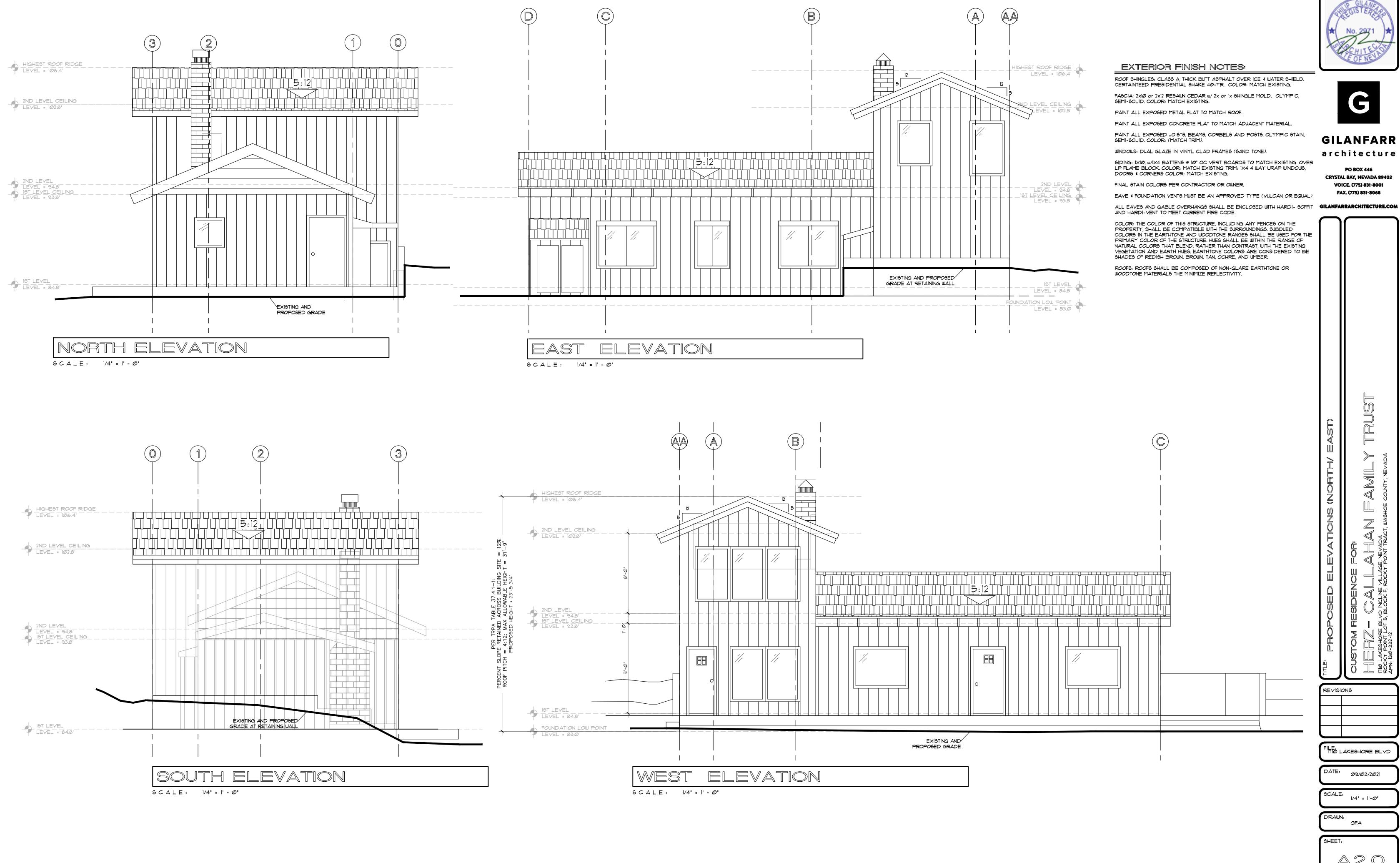
FILE: 1710 Lakeshore BLVD

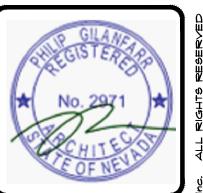
DATE: 09/03/2021

SCALE: 1/4" = 1'-0"

OF 2 SHEETS







A2.0

#### 1710 Lakeshore Blvd.

#### **Variance Findings**

1. What provisions of the Development Code (e.g. front yard setback, height, etc.) must be waived or varied to permit your request?

Side setback (North side) from 5 feet to 1 foot.

2. What are the topographic conditions, extraordinary or exceptional circumstances, shape of the property or location of surroundings that are unique to your property and, therefore, prevent you from complying with the Development Code requirements?

The house was originally built in 1959 and a portion of the structure and bedroom wing extended into Romance Ave. Romance Avenue was abandoned and split to the benefit of the two adjoining properties, both at the time were owned by the same family.

The purpose of the variance request is to increase the bedrooms without changing the existing historical house. The site is a 30% upslope directly from highway 28. The existing house already protrudes into the side setback. We propose to enlarge slightly the existing bedroom wing and add a second level bedroom. There is no other site location which would allow the bedroom addition.

Other locations on the site were investigated to place the bedroom wing such as behind the unit however TRPA coverage restraints do not allow relocation of coverage since the entire site is Class 1A. This is the only viable location within the stringent TRPA rules.

3. What steps will be taken to prevent substantial negative impacts (e.g. blocking views, reducing privacy, decreasing pedestrian or traffic safety, etc.) to other properties or uses in the area?

There are no residential homes above this site. We are proposing to replace the existing bedroom wing so no views or privacy would be interfered with.

4. How will this variance enhance the scenic or environmental character of the neighborhood (e.g.eliminate encroachment onto slopes or wetlands, provide enclosed parking, eliminate clutter in view of neighbors, etc.)?

By placing the bedroom wing as proposed we can maintain the existing parking area on the south side and not effect the condition of the historic residence. This area of the site is already disturbed so no additional impact to the slopes will be necessary.

5. What enjoyment or use of your property would be denied to you that is common to other properties in your neighborhood?

The ability to have more than one bedroom.