

Community Services Department  
Planning and Building  
APPEAL TO BOARD OF COUNTY  
COMMISSIONERS (BCC)  
APPLICATION




Community Services Department  
Planning and Building  
1001 E. Ninth St., Bldg. A  
Reno, NV 89512-2845

Telephone: 775.328.6100

## Washoe County Appeal of Decision to Board of County Commissioners

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.

<b>Appeal of Decision by (Check one)</b>	
<b>Note:</b> Appeals to the Washoe County Board of County Commissioners are governed by WCC Section 110.912.20.	
<input type="checkbox"/> Planning Commission	<input checked="" type="checkbox"/> Board of Adjustment
<input type="checkbox"/> Hearing Examiner	<input type="checkbox"/> Other Deciding Body (specify) _____
<b>Appeal Date Information</b>	
<b>Note:</b> This appeal must be delivered in writing to the offices of the Planning and Building Division (address is on the cover sheet) within 10 calendar days from the date that the decision being appealed is filed with the Commission or Board Secretary (or Director) and mailed to the original applicant.	
<b>Note:</b> The appeal must be accompanied by the appropriate appeal fee (see attached Master Fee Schedule).	
Date of this appeal: <u>January 12, 2025</u>	
Date of action by County: <u>January 7, 2025</u>	
Date Decision filed with Secretary: <u>January 7, 2025</u>	
<b>Appellant Information</b>	
Name: <b>Matthew J. Castagnola</b>	Phone: <b>415-987-6762</b>
Address: <b>349 Harvard St.</b>	Fax:
	Email: <b>sfmumatt158@att.net</b>
City: <b>San Francisco</b> State: <b>Ca.</b> Zip: <b>94134</b>	Cell: <b>415-987-6762</b>
Describe your basis as a person aggrieved by the decision: I am the owner of the property located at 916 Harold Dr, #36 located in Incline Village, Nevada. My wife and I have owned this property since 2004 and we primarily use it as a vacation home for our family, friends and donate to U.C.S.F. Family house as a destination for families with children receiving cancer treatment. Continued, See attached sheet	
<b>Appealed Decision Information</b>	
Application Number: <b>WSTR21-0283</b>	
Project Name: <b>STR Appeal - 916 Harold Drive #36</b>	
State the specific action(s) and related finding(s) you are appealing: On 09/30/2024, STR Permit # WSTR21-0283 was renewed and the Occupancy was reduced from 8 to 4 persons. We appealed to the Board of Adjustments and were denied. We presented our case to the Board of Adjustment and when Board members responded, the Boards legal council advised the Board that the were unable to make a decision that went against WCC 319. Board members advised us we should take this to the Board of County Commissioners. Continued, see attached sheet.	

<b>Appealed Decision Information (continued)</b>	
Describe why the decision should or should not have been made: We have owned the property for 20+ years and we have always been issued 2 parking permits for this unit by the HOA. That is what we purchased. It is stated in the CCRs that we have 2 permits to park in 2 spaces in the complex. One is a numbered space and the other is a permit only spot. Continued, see attached sheet.	
Cite the specific outcome you are requesting with this appeal: We are seeking for the permit occupancy to be raised once again to 8 people. We only rent to 6 people max and there are many situations where a group of 6 could use one vehicle, my Suburban seats 9 legally. We are assigned and do have permits dedicated to our unit for 2 spaces and written agreements with other homeowners to use their numbered parking spaces when needed. We would also like to continue enjoying OUR home with friends (the majority of how we use our home) Continued, see attached sheet	
Did you speak at the public hearing when this item was considered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Did you submit written comments prior to the action on the item being appealed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Appellant Signature</b>	
Printed Name: Matthew Castagnola	
Signature: 	
Date: 01/13/2025	

CALIFORNIA ACKNOWLEDGMENT

CIVIL CODE § 1189

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

State of California }  
County of San Francisco

On Jan. 16, 2025 before me, May Lucero-Hameed, Notary Public  
*Date Here Insert Name and Title of the Officer*

personally appeared MATTHEW J. CASTAGNOLA  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Place Notary Seal and/or Stamp Above

Signature *[Handwritten Signature]*  
*Signature of Notary Public*

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: APPEAL TO BOARD OF COUNTY COMMISSIONERS APP

Document Date: 01/13/2025 Number of Pages: Four(4)

Signer(s) Other Than Named Above: \_\_\_\_\_

Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer – Title(s): \_\_\_\_\_  
 Partner –  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer is Representing: \_\_\_\_\_

## Castagnola STR Appeal to the Washoe County Board of Commissioners

Director, Planning and Building Division

Date of Appeal: 01/02/2025

Date of Action By County: 01/07/2025

Date of Decision For which appeal is being filed: 01/07/2025

Location : 916 Harold Dr #36, Incline Village, Nv. 89451

**Continuation of STR Appeal to the Board of County Commissioners**

**1. Describe your basis as a person aggrieved by the decision: (Continuation)**

For the past 2 years it has been used occasionally as a Short Term Rental under the Washoe County STR Permit #WSTR21-0283 with an occupancy of 8 persons. The recent decision from this Washoe County Board will affect the value of my property and lessen the taxes collected by Washoe county and the potential income that the lost tourism could bring to Incline Village and the surrounding areas.

**2. State the specific action(s) and related finding(s) you are appealing:**

(Continuation) So, even though we had 2 Commissioners vote in our favor (and a third on the fence), this was a board that really could not make a decision in this case.

**3. Describe why the decision should or should not have been made:**

(Continuation) However, I have made agreements with 4 other owners to use their **numbered spots** as needed (Not their extra permitted spot). These agreements **DO NOT** impact the 16 permit spots in any way. These other owners rarely come up so I have the ability to use whichever numbered spot that is available.

We have never not been able to have access to 2 numbered spots in all the years we have been owning or renting. We have never had a complaint and we follow the rules.

There is nothing in your rules that prevent me from being creative and borrowing my neighbors assigned numbered spot.

**4. Cite the specific outcome you are requesting with this appeal:**

(Continuation) and donating to UCSF Family House so that families dealing with their child going through Cancer treatment can have a beautiful place to get away and enjoy family time away from the Hospital.