Washoe County Development Application

Your entire application is a public record. If you have a concern about releasing personal information, please contact Planning and Building staff at 775.328.6100.

Project Information	S	Staff Assigned Case No.:	
Project Name:			
Project Description:			
Project Address:			
Project Area (acres or square fe	et):		
Project Location (with point of re	eference to major cross	streets AND area locator):	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
Indicate any previous Washo Case No.(s).	e County approval	s associated with this applicat	tion:
Applicant Inf	ormation (attach	additional sheets if necess	sary)
Property Owner:		Professional Consultant:	
Name:		Name:	
Address:		Address:	
	Zip:		Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Cell:	Other:	Cell:	Other:
Contact Person:		Contact Person:	
Applicant/Developer:		Other Persons to be Contact	ted:
Name:		Name:	
Address:		Address:	
	Zip:		Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	
Cell:	Other:	Cell:	Other:
Contact Person:		Contact Person:	
	For Office	Use Only	
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

Administrative Permit Application Supplemental Information (All required information may be separately attached)

1.	What is the type of project or use being requested?
2.	What section of the Washoe County code requires the Administrative permit required?
	Section 110-306-25
3.	What currently developed portions of the property or existing structures are going to be used with this permit?
	A portion of the existing pole barn is being converted to the Accessory Dwelling Unit. The new garage building is being built along the side of the existing pole barn.
4.	What improvements (e.g. new structures, roadway improvements, utilities, sanitation, water supply, drainage, parking, signs, etc.) will have to be constructed or installed and what is the projected time frame for the completion of each?
	New garage building is being added: extension of existing driveway to new garage building: new septic system installed for A.D.U. only: water service extended from existing residence. All improvements to run concurrently-time frame is approx. one year.
5.	Is there a phasing schedule for the construction and completion of the project?
6.	What physical characteristics of your location and/or premises are especially suited to deal with the impacts and the intensity of your proposed use?
7.	What are the anticipated beneficial aspects or effect your project will have on adjacent properties and the community?
8.	What will you do to minimize the anticipated negative impacts or effect your project will have on adjacent properties?
	No negative impacts are anticipated.
9.	Please describe any operational parameters and/or voluntary conditions of approval to be imposed on the administrative permit to address community impacts.

indicate location on site			encing, painting schen	, στοι, αιο μισμοσσα	
What type of signs and width, construction mat of each sign and the ty plan.)	erials, color	s, illuminatio	n methods, lighting ir	itensity, base landscap	ping
Are there any restrictive the area subject to the a					t ap
☐ Yes			□ No		
Utilities:					
a. Sewer Service b. Water Service					
For most uses, the Wa Requirements, requires and quantity of water rig	the dedica	tion of water	rights to Washoe Co	ounty. Please indicate	
c. Permit #			acre-feet per year		
d. Certificate #			acre-feet per year		
e. Surface Claim #			acre-feet per year		
f. Other, #			acre-feet per year		
Title of those rights (a		the State E atural Resou		on of Water Resourc	es c

Property Owner Affidavit

Applicant Name: Bennett >	. Stainghow
	\mathcal{F}
The receipt of this application at the time of submittal does requirements of the Washoe County Development Cocapplicable area plan, the applicable regulatory zoning, or the processed.	le, the Washoe County Master Plan or the
STATE OF NEVADA)	
COUNTY OF WASHOE)	
I, <u>Sennet</u> J. <u>Ste</u> (please print na being duly sworn, depose and say that I am the owner*	m e)
application as listed below and that the foregoing stater information herewith submitted are in all respects complete and belief. I understand that no assurance or guarante Building.	ments and answers herein contained and the e, true, and correct to the best of my knowledge
(A separate Affidavit must be provided by each pr	operty owner named in the title report.)
Assessor Parcel Number(s): 086225	16
S	Name Bennett F. Steingham igned De Joseph And ddress 1/255 DSAge RD
Subscribed and sworn to before me this 14th day of February, 2020.	(Notary Stamp)
Notary Public in and for said county and state My commission expires: 7/1/2023	KYLE E. MAYORGA NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 07-01-2023 Certificate No: 19-6730-02
my commission expires.	
*Owner refers to the following: (Please mark appropriate b	
☐ Corporate Officer/Partner (Provide copy of record of	
Power of Attorney (Provide copy of Power of Attorn	
Owner Agent (Provide notarized letter from propert	
☐ Property Agent (Provide copy of record document in	indicating authority to sign.)
☐ Letter from Government Agency with Stewardship	

Property Owner Affidavit

Applicant Name: Tamzen Kay Stringham
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)
1, TAMZEN Kay Stringham, (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): 08622.5/6
Printed Name 1AMZEN KAY Stringham Signed lamzen Kay Stringham Address 11255 0 Sage Rd Reno NV 89508
Subscribed and sworn to before me this
Notary Public in and for said county and state My commission expires: 7/0 / 2023 KYLE E. MAYORGA NOTARY PUBLIC STATE OF NEVADA My Commission Expires: 07-01-2023 Certificate No: 19-6730-02
*Owner refers to the following: (Please mark appropriate box.) Owner Corporate Officer/Partner (Provide copy of record document indicating authority to sign.) Power of Attorney (Provide copy of Power of Attorney.) Owner Agent (Provide notarized letter from property owner giving legal authority to agent.) Property Agent (Provide copy of record document indicating authority to sign.) Letter from Government Agency with Stewardship

Washoe County Treasurer Tammi Davis Washoe County Treasurer P.O. Box 30039, Reno, NV 89520-3039 ph: (775) 328-2510 fax: (775) 328-2500 Email: tax@washoecounty.us

Bill Detail

Back to Account Detail	Change of Address	Print this Page		
Washoe County Parcel Information				
Parcel ID	Status	Last Update		
08622516	Active	2/13/2020 2:10:07 AM		
Current Owner: STRINGHAM, TAMZEN K & BENNETT J 11255 OSAGE RD RENO, NV 89508		SITUS: 11255 OSAGE RD		
Taxing District 4000		Geo CD:		
Le	egal Description			
Range 18 Lot 38 SubdivisionName WASH	OE RANCHES 3 Section	Township 21 Block		

Installments						
Period	Due Date	Tax Year	Tax	Penalty/Fee	Interest	Total Due
INST 1	8/19/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
INST 2	10/7/2019	2019	\$0.00	\$0.00	\$0.00	\$0.00
INST 3	1/6/2020	2019	\$0.00	\$0.00	\$0.00	\$0.00
INST 4	3/2/2020	2019	\$452.59	\$0.00	\$0.00	\$452.59
		Total Due:	\$452.59	\$0.00	\$0.00	\$452.59

\$325.85 \$839.78 \$687.00	(\$24.14) (\$62.20) (\$50.88)	\$301.7 \$777.55 \$636.13
\$325.85	(\$24.14)	\$301.7
\$102.58	(\$7.60)	\$94.9
Gross Tax	Credit	Net Ta
	\$102.58	\$102.58 (\$7.60)

Payment History					
Tax Year	Bill Number	Receipt Number	Amount Paid	Last Paid	
2019	2019089710	B19.194722	\$452.60	1/6/2020	
2019	2019089710	B19.97845	\$452.60	9/23/2019	
2019	2019089710	B19.58622	\$452.60	8/19/2019	

Pay By Check

Please make checks payable to:

WASHOE COUNTY TREASURER

Mailing Address:

P.O. Box 30039 Reno, NV 89520-3039

Overnight Address: 1001 E. Ninth St., Ste D140 Reno, NV 89512-2845

Change of Address

All requests for a mailing address change must be submitted in writing, including a signature (unless using the online form).

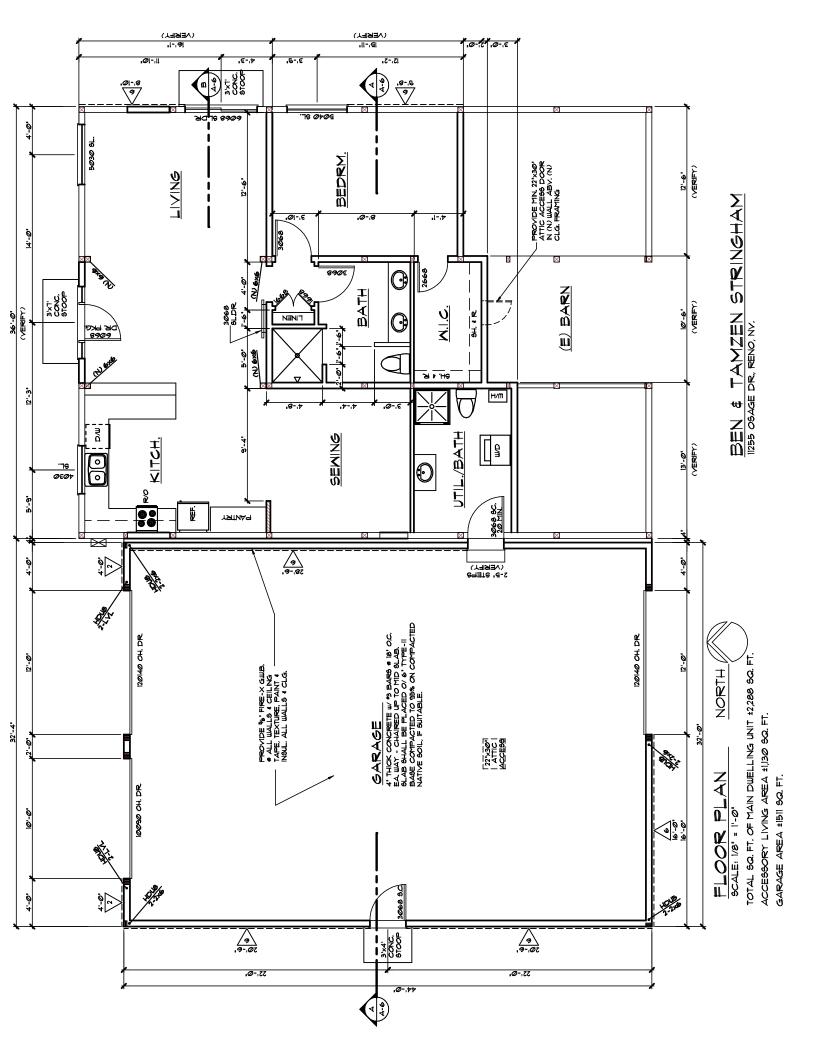
To submit your address change online click here

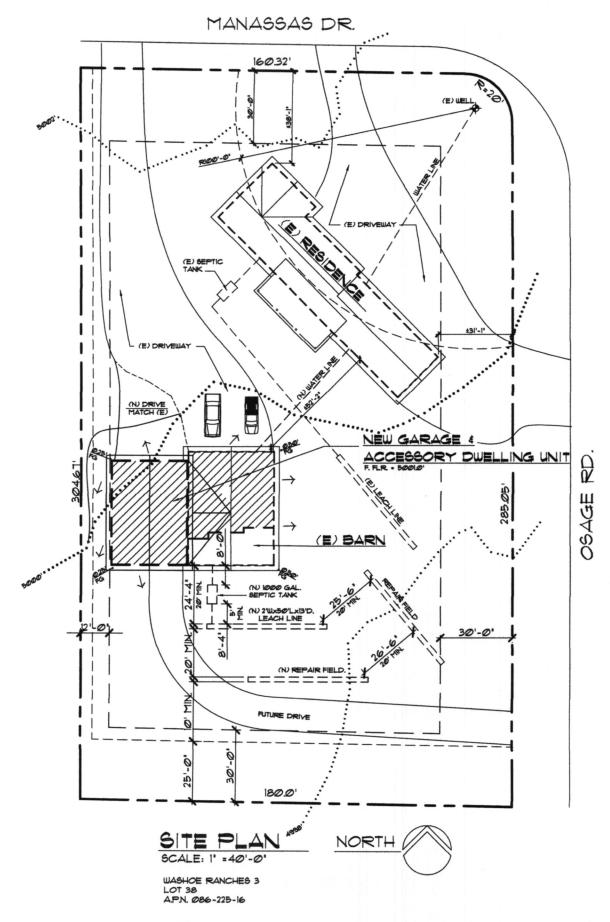
Address change requests may also be faxed to: (775) 328-3642

Address change requests may also be mailed to: Washoe County Assessor 1001 E 9th Street Reno, NV 89512-2845

The Washoe County Treasurer's Office makes every effort to produce and publish the most current and accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use, or its interpretation. If you have any questions, please contact us at (775) 328-2510 or tax@washoecounty.us

This site is best viewed using Google Chrome, Internet Explorer 11, Mozilla Firefox or Safari.





BEN & TAMZEN STRINGHAM

11255 OSAGE DR., RENO, NY.

