

Community Services Department  
Planning and Building  
**ADMINISTRATIVE PERMIT APPLICATION**  
(Care for the Infirm see page 8)



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

Telephone: 775.328.6100

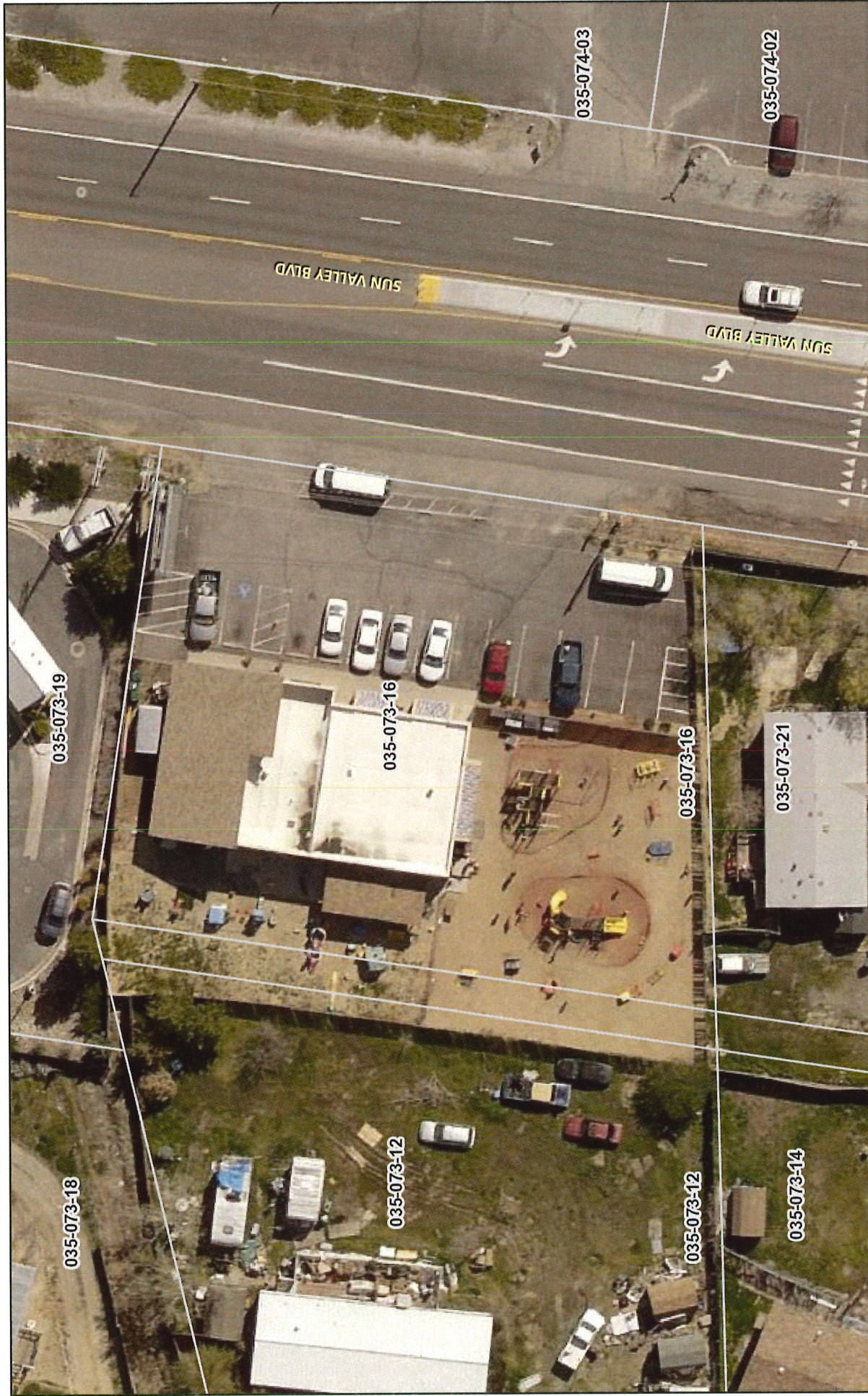
## Washoe County Development Application

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.

<b>Project Information</b>		Staff Assigned Case No.: _____	
Project Name: <i>ABC Halo Day Care</i>			
Project Description: <i>Providing care for young children</i>			
Project Address: <i>4845 Sun Valley Blvd.</i>			
Project Area (acres or square feet): <i>Lot: 19,558 sq feet   5g ft. 3,244</i>			
Project Location (with point of reference to major cross streets AND area locator): <i>Sun Valley Blv   El Rancho Drive</i>			
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:
<i>035-073-1b</i>			
Indicate any previous Washoe County approvals associated with this application: Case No.(s).			
<b>Applicant Information</b> (attach additional sheets if necessary)			
<b>Property Owner:</b>		<b>Professional Consultant:</b>	
Name: <i>Patricia Koch</i>		Name:	
Address: <i>4770 Sinelid Drive</i>		Address:	
<i>Reno, NV</i> Zip: <i>89502</i>		Zip:	
Phone:      Fax:		Phone:      Fax:	
Email: <i>trish.koch53@gmail.com</i>		Email:	
Cell: <i>775.843.6668</i> Other:		Cell:      Other:	
Contact Person: <i>Angel Gordon</i>		Contact Person:	
<b>Applicant/Developer:</b>		<b>Other Persons to be Contacted:</b>	
Name: <i>Angel Gordon</i>		Name: <i>Arzie Gordon</i>	
Address: <i>3717 Allegrini Drive</i>		Address: <i>3717 Allegrini</i>	
<i>Sparks, NV</i> Zip: <i>89436</i>		<i>Sparks, NV</i> Zip: <i>89436</i>	
Phone: <i>775.525.5572</i> Fax:		Phone: <i>325-899-3013</i> Fax:	
Email: <i>yvonneg03@yahoo.com</i>		Email: <i>arzieg03@yahoo.com</i>	
Cell:      Other:		Cell:      Other:	
Contact Person:		Contact Person:	
<b>For Office Use Only</b>			
Date Received:	Initial:	Planning Area:	
County Commission District:		Master Plan Designation(s):	
CAB(s):		Regulatory Zoning(s):	

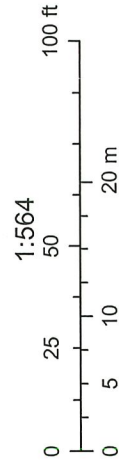


# 4845 Sun Valley Blvd



March 9, 2020

APN



Washoe County  
Washoe County GIS

This information is for illustrative purposes only. Not to be used for boundary resolution or location and not intended to be used for measurement, calculation, or delineation.



→ proof of taxes

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

Account Detail

[Back to Account Detail](#)   [Change of Address](#)   [Print this Page](#)

**CollectionCart**

Collection Cart	Items	Total	Checkout	View
	0	\$0.00		

**Pay Online**

No payment due for this account.

**Washoe County Parcel Information**

Parcel ID	Status	Last Update
03507316	Active	3/9/2020 2:08:50 AM

**Current Owner:**  
KOCH, PATRICIA

4845 SUN VALLEY BLVD  
SUN VALLEY, NV 89433

**SITUS:**  
4845 SUN VALLEY BLVD  
WASHOE COUNTY NV

**Taxing District**  
4000

**Geo CD:**

Legal Description

Township 20 Lot 1 Block Section SubdivisionName MOBILE GLEN SUB UNIT 1 Range 20

**Tax Bill (Click on desired tax year for due dates and further details)**

Tax Year	Net Tax	Total Paid	Penalty/Fees	Interest	Balance Due
2019	\$3,448.05	\$3,482.72	\$0.00	\$0.00	\$0.00
2018	\$3,361.20	\$3,479.14	\$0.00	\$0.00	\$0.00
2017	\$3,353.80	\$3,390.62	\$0.00	\$0.00	\$0.00
2016	\$3,328.75	\$3,361.99	\$0.00	\$0.00	\$0.00
2015	\$3,319.98	\$3,539.85	\$0.00	\$0.00	\$0.00
<b>Total</b>					\$0.00

**Disclaimer**

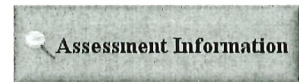
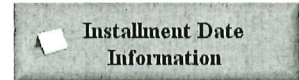
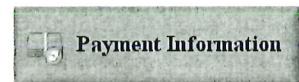
- **ALERTS:** If your real property taxes are delinquent, the search results displayed may not reflect the correct amount owing. Please contact our office for the current amount due.
- For your convenience, online payment is available on this site. E-check payments are accepted without a fee. However, a service fee does apply for online credit card payments. See Payment Information for details.

**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



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.

# Property Owner Affidavit

**Applicant Name:** Angel Gordon

The receipt of this application at the time of submittal does not guarantee the application complies with all requirements of the Washoe County Development Code, the Washoe County Master Plan or the applicable area plan, the applicable regulatory zoning, or that the application is deemed complete and will be processed.

STATE OF NEVADA )  
COUNTY OF WASHOE )

I, Patricia Koch  
(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): 035-073-16

Printed Name Patricia Koch

Signed Patricia Koch

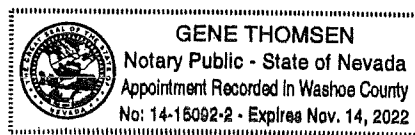
Address 4770 Sinelio Dr. Reno NV 89502

Subscribed and sworn to before me this 16<sup>th</sup> day of March, 2020

Gene Thomsen  
Notary Public in and for said county and state

My commission expires: 11/19/2022

(Notary Stamp)



\*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

# Administrative Permit Application Supplemental Information

(All required information may be separately attached)

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

Day Care Center

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

Article 302 (110.302)

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

Day Care Center

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?

Existing Building

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

N/A

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?

Site Previously used as Child Day Care

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 impact that will affect other surrounding properties

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

Serve: 59 children - 6-10pm - Everyone must have Walk Permit

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

15 parking 4 motorcycle

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

right side (fence - 3 bushes) front near street (2 bushes) left 2 bushes

12. What type of signs and lighting will be provided? On a separate sheet, show a depiction (height, width, construction materials, colors, illumination methods, lighting intensity, base landscaping, etc.) of each sign and the typical lighting standards. (Please indicate location of signs and lights on site plan.)

Business sign / front outside lighting @ entry door - using previous sign -

13. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that apply to the area subject to the administrative permit request? (If so, please attach a copy.)

Yes  No

14. Utilities:

a. Sewer Service	SVOTED
b. Water Service	SVOTED

For most uses, the Washoe County Code, Chapter 110, Article 422, Water and Sewer Resource Requirements, requires the dedication of water rights to Washoe County. Please indicate the type and quantity of water rights you have available should dedication be required:

c. Permit #	N/A	acre-feet per year	
d. Certificate #	N/A	acre-feet per year	
e. Surface Claim #	N/A	acre-feet per year	
f. Other, #	N/A	acre-feet per year	

Title of those rights (as filed with the State Engineer in the Division of Water Resources of the Department of Conservation and Natural Resources):

N/A

## Administrative Permit Application Supplemental Information for Care of the Infirm

(All required information, to include the physician's signed affidavit, is considered a public record and will be treated as such by Washoe County. Information may be attached separately)

1. Name of the Infirm:

2. Name of Nevada licensed physician identifying the need for on-premise care and the physician's estimate as to the length of on-premise care required (attach physician's signed affidavit, form on page 11):

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

4. Describe the type and size of recreational vehicle or self-contained travel trailer that is proposed for use as a temporary residence of the caregiver. (Attach a site map showing the proposed location.)

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

a. Water Service:



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

Previous color & shrubs - near fence, front area  
Purple & birch

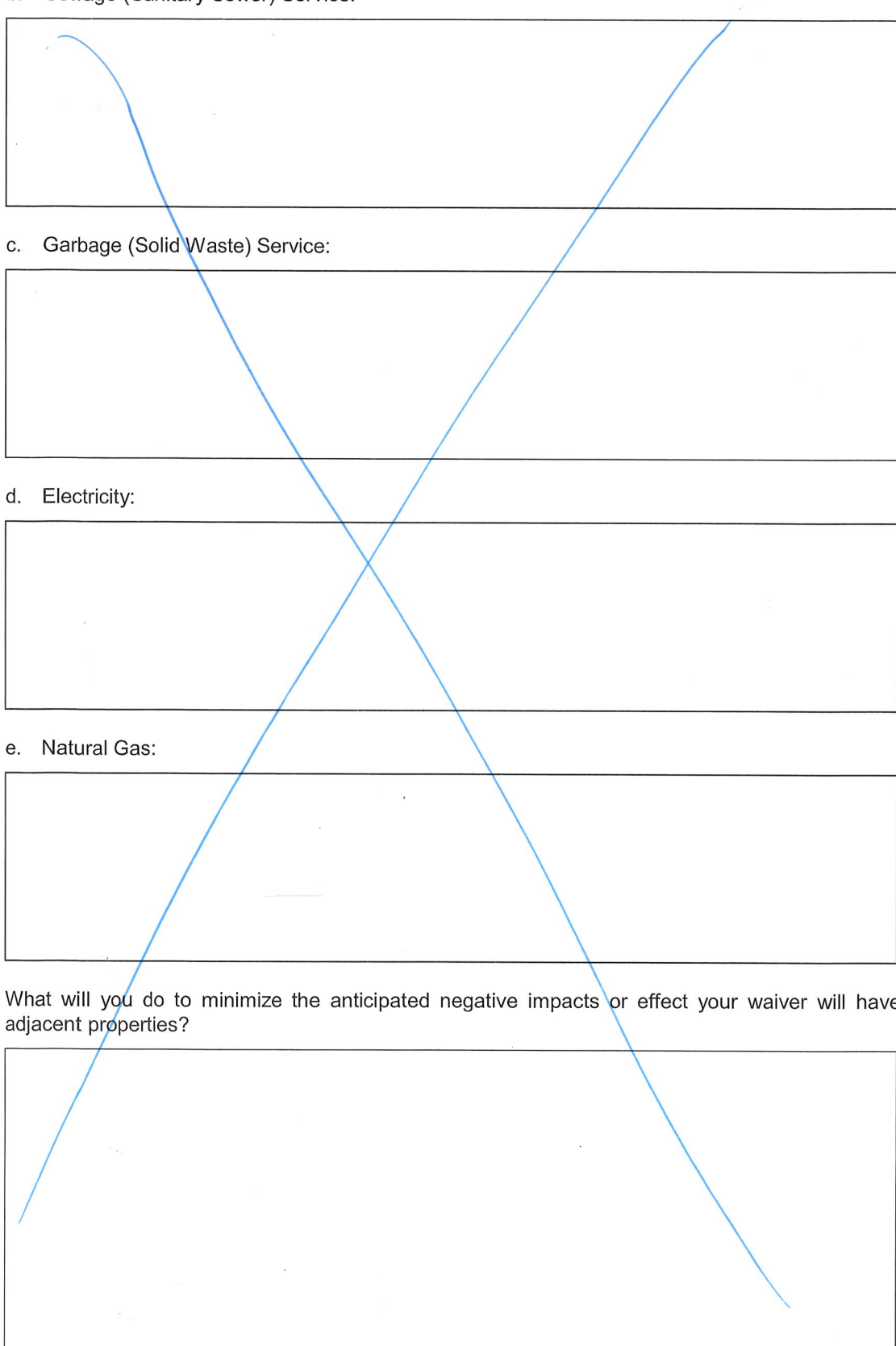
8. Are there any restrictive covenants, recorded conditions, or deed restrictions (CC&Rs) that apply to the area subject to the administrative permit request? (If so, please attach a copy.)

Yes  No

9. Community Services (provided and nearest facility):

a. Fire Station	Reno Fire Dept. 2500 Sutro Street
b. Health Care Facility	Advance Health Care of Reno 961 Kuenzli
c. Elementary School	Lois Allen 5155 Mack - Guffey Road
d. Middle School	Sparks Middle - 2275 18 <sup>th</sup> Street
e. High School	Proctor & Hug High 2880 Sutro Streets
f. Parks	University Ridge Park 990 S. University Park Loop
g. Library	Sparks Library 1125 12 <sup>th</sup> Street
h. Citifare Bus Stop	Sun Valley Blvd - SKaggs Circle

b. Sewage (Sanitary Sewer) Service:



[Empty response box for Sewage (Sanitary Sewer) Service]

c. Garbage (Solid Waste) Service:

[Empty response box for Garbage (Solid Waste) Service]

d. Electricity:

[Empty response box for Electricity]

e. Natural Gas:

[Empty response box for Natural Gas]

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

[Empty response box for question 6]