Administrative Review Permit Application

Kapperman Metal Building Garage 500 East Fifth Avenue, Sun Valley, NV 89433

Prepared For:

Ken Kapperman 5496 Yukon Drive, Sun Valley, NV 89433

Prepared By:



Joel Heidema P.E. Joel@sierrabim.com 775-223-1248

May, 2022

ADMINISTRATIVE PERMIT APPLICATION CHECKLIST-

- ☑ 1. Fees: Provided see attached
- 2. Development Application: Provided see attached
- Image: Second second
- 4. Proof of Property Tax Payment: Provided see attached
- S. Application Materials: Provided see attached
- ☑ 6. Site Plan : Provided see attached
- 7. Additional Site Plan Specifications for Grading: See site plan
- 8. Traffic Impact Report: Not required
- 9. Floor Plan Specifications: Provide see attached
- ☑ 10. Landscaping: Not required
- ☑ 11. Signage Plan: Not required
- 12. Lighting PlanNot required, Electrical Plan provided
- **⊠** 13. Building Elevations:

Provide see attached

 \boxtimes 14. **Packets:** Three (3) packets and a flash drive - any digital documents need to have a resolution of 300 dpi. One (1) packet must be labeled "Original" and contain a signed and notarized Owner Affidavit. Each packet shall include one (1) 8.5" x 11" reduction of any applicable site plan, the development plan, and/or application map. These materials must be readable. Labeling on these reproductions should be no smaller than 8 point on the 8½ x 11" display. Large format sheets should be included in a slide pocket(s). Any specialized reports identified above shall be included as attachments or appendices and be annotated as such.

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.

Project Information	S	taff Assigned Case No.:		
Project Name: KAPPE	RMAN ME	TAL BUILDING	GARAGE	
Project PLACEMENT OF 40'X80' METAL GARAGE SET BACK FROM NW Description: CORNER OF E. FIFTH AVE. AND YUKON DR. IN SUN VALLEY				
Project Address:500 EAST FIF	TH AVE., SUN VAL	LEY NV 89433		
Project Area (acres or square feet):BUILDING & PAD : 3200 SQ FT				
Project Location (with point of re	ference to major cross	streets AND area locator):		
500 EAST FIFTH (5TH) AVE., SUN VAI	LLEY, NV 89433 AT COF	RNER OF EAST FIFTH 7 YUKON DR. A	REA LOCATOR:	
Assessor's Parcel No.(s):	Parcel Acreage:	Assessor's Parcel No.(s):	Parcel Acreage:	
085-142-22	15,241 (CURRENT)			
WITH BOUNDARY LINE ADJUST.	19,515 (PENDING)			
Indicate any previous Washoe County approvals associated with this application: Case No.(s). (PENDING) CASE #				
Applicant Inf	Applicant Information (attach additional sheets if necessary)			
Property Owner:		Professional Consultant:		
Name:KAPPERMAN FAMILY	TRUST	Name: JOEL HEIDEMA, P.E.		
Address:5496 YUKON DRIVE		Address: 275 HERCULES DRIN	/E	
SUN VALLEY, NV	Zip: 89433	SPARKS, NV	Zip: 89441	
Phone: (775)232-0330	Fax:	Phone:	Fax:	
Email:kenkapperman1@gmail.com		Email: JOEL@SIERRABIM.COM		
Cell: (775)232-0330	Other:	Cell: 775-223-1248	Other:	
Contact Person: KEN/ERIC		Contact Person:		
Applicant/Developer:		Other Persons to be Contacted:		
Name:KAPPERMAN FAMILY TRUST		Name:		
Address:5496 YUKON DRIVE		Address:		
SUN VALLEY, NV	Zip: 89433		Zip:	
Phone: (775)232-0330	Fax:	Phone:	Fax:	
Email:kenkapperman1@gmail.	.com	Email:		
Cell: (775)232-0330	Other:	Cell:	Other:	
Contact Person: KEN/ERIC		Contact Person:		
For Office Use Only				
Date Received:	Initial:	Planning Area:		
County Commission District:		Master Plan Designation(s):		
CAB(s):		Regulatory Zoning(s):		

Property Owner Affidavit

Applicant Name: KENDALL KAPPERMAN, TRUSTEE OF THE KAPPERMAN FAMILY TRUST

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

(please print name) endall

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): 085-142-22 & 085-142-23

endall Printed Name Signed Address

Subscribed and sworn to before me this 22 day of February , 2022.

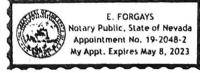
Rotary Public in and for said county and state

My commission expires: May 8, 2023

*Owner refers to the following: (Please mark appropriate box.)

- Owner
- Corporate Officer/Partner (Provide copy of record document indicating authority to sign.)
- Dever 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

(Notary Stamp)



Boundary Line Adjustment Application Supplemental Information

(All required information may be separately attached)

1. What is the purpose of the proposed boundary line adjustment?

To increase set backs for a garage placement. Same owner for both lots involved.

2. What is the current square footage of the lots involved in the adjustment and what are the resultant sizes of the lots if the boundary line adjustment is approved?

Current -22=15,241 sq ft, -23=24,448 sq ft, Proposed -22=12,106sq ft, -23=27,583

 These lots must meet the requirements of Table 110.406.05.1 of Chapter 110 of the Washoe County Code regarding lot size, lot width, and setbacks for all buildings and structures. Explain how the modified lots meet each of these standards. Results of not meeting standards may be grounds for denial of the request.

Lot 085-142-22 is currently under the MDS min. lot width requirement - I am applying to make the whole lot that width.

4. Are there any easements that will need to be abandoned or relocated in order to allow this boundary line adjustment to be recorded?

No - no easement abandonment or relocation will be required to move lot lines

5. Are the parcels part of an existing subdivision? If it is, what is the subdivision name and does it have special setback?

Parcels in the Bruce Subdivision (PM 378 LT A&B) - parcel specified as 085-142-22 is a corner lot.

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Administrative Permit Application Supplemental Information

(All required information may be separately attached)

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

Construction: Erection of a metal garage on a concrete pad

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

110.306.10 (d)

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

None - the proposed structure is an engineered Placement of a stand-alone structure

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?

Concrete and reinforced steel pad - 3,200 sq ft, Metal Garage Building 40'x80' Time Frame:est. 3 months

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

Thre is only one phase planned - a 3 month single phase after approval of application

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?

Located in a Medium Density Suburban area with a large number of detached metal and wood frame garages present

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

A large detached garage will hide heavy equipment located on the parcel from view.

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

The building will be set back at least 20 ft. from both corners of the parcel behind an existing 4 foot wall

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

Project is subject to approval by committee. All construction to be performed during normal business hours.

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

None - project will not create need for additional parking spaces

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

There is an existing concrete wall set back from property lines that will partially shield building from view

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.)

Not a commercial structure. Only shielded lighting above access doors will be installed.

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
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14. Utilities:

a. Sewer Service	YES - SUN VALLEY GENERAL IMPROVEMENT DISTRICT
b. Water Service	YES - SUN VALLEY GENERAL IMPROVEMENT DISTRICT

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 #	NO DEDICATION REQUIRED	acre-feet per year	N/A
d. Certificate #	NO ADDITIONAL WATER USE	acre-feet per year	N/A
e. Surface Claim #	NO DEDICATION REQUIRED	acre-feet per year	N/A
f. Other, #	NO ADDITIONAL WATER USE	acre-feet per year	N/A

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 - NO ADDITIONAL REQUIREMENT FOR WATER RESOURCES NECESSARY FOR THIS PROJECT

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):

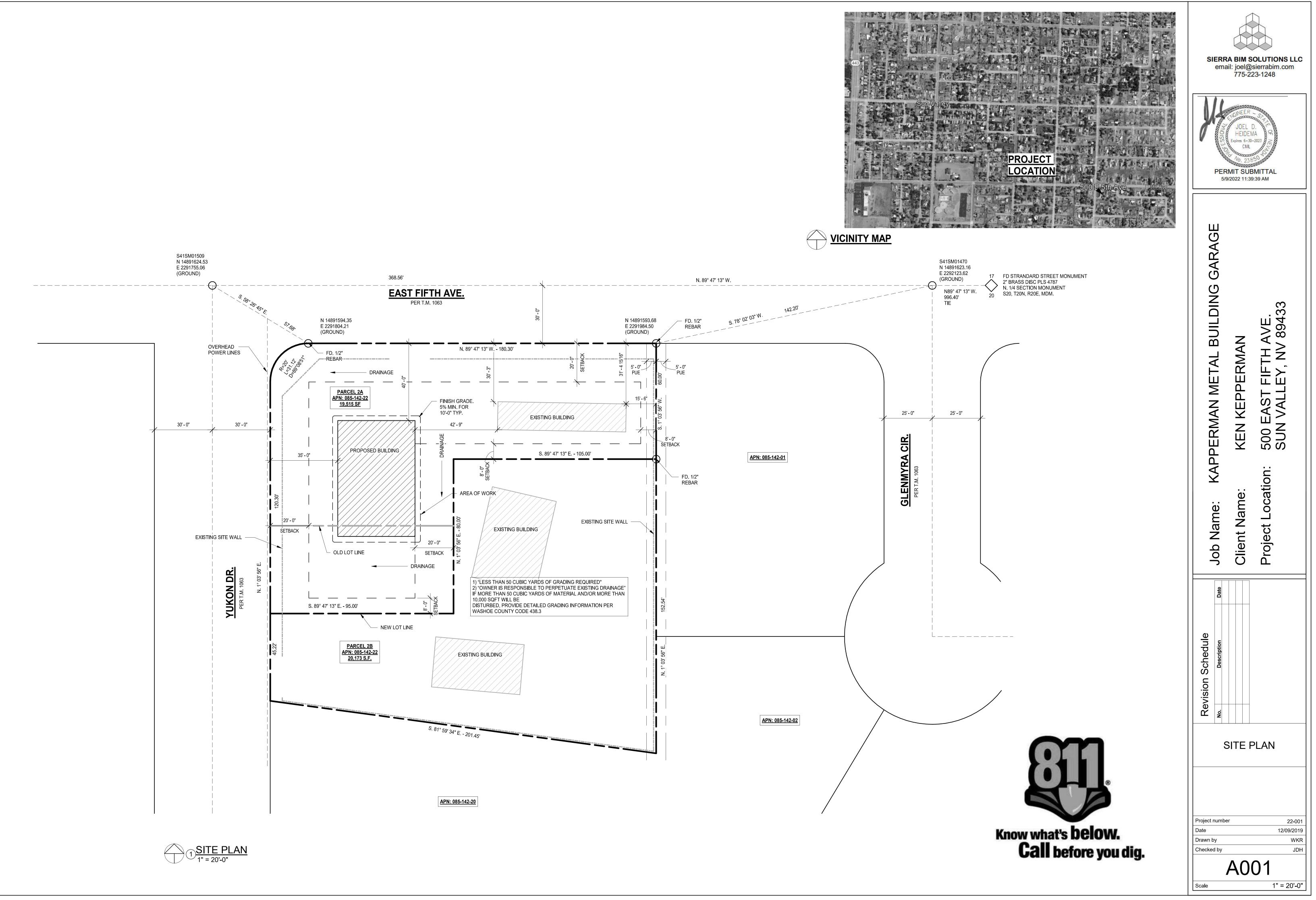
N/A

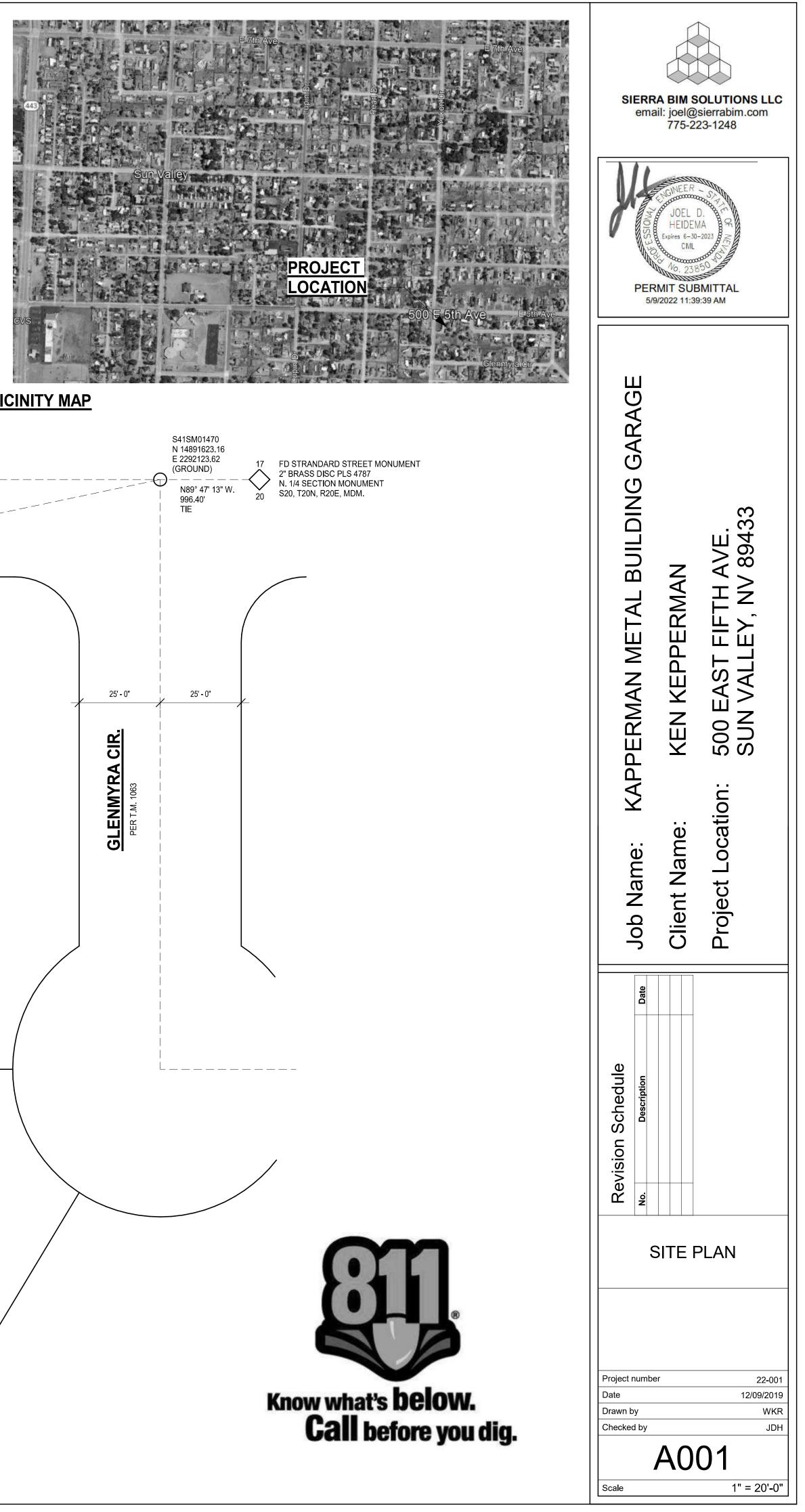
3. Name(s) of the Caregiver(s):

N/A

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:





OWNER'S CERTIFICATE

WE THE UNDERSIGNED OWNERS OF THE AFFECTED PARCELS AS SHOWN ON THIS MAP DO HEREBY STATE;

1. WE HAVE EXAMINED THIS PLAT AND APPROVE AND AUTHORIZE ITS RECORDING.

2. WE AGREE TO EXECUTE THE REQUIRED DOCUMENTS CREATING ANY EASEMENT WHICH IS SHOWN HEREON.

3. WE AGREE TO EXECUTE THE REQUIRED DOCUMENTS ABANDONING ANY EXISTING EASEMENT(S) PURSUANT TO HE PROVISIONS OF N.R.S. 278.010 TO 278.630.

4. ALL THE PROPERTY TAXES ON THE LAND FOR THE FISCAL YEAR HAVE BEEN PAID.

5. ANY LENDER WITH AN IMPOUND ACCOUNT FOR THE PAYMENT OF TAXES HAS BEEN NOTIFIED OF THE ADJUSTMENT OF THE BOUNDARY LINE OR THE TRANSFER OF LAND.

6. WE HEREBY EXCEPT ANY DRAINAGE ONTO OUR PROPERTY RESULTING FROM THIS BOUNDARY LINE ADJUSTMENT.

kENDALL KAPPERMAN SUCCESSOR TRUSTEE, OF KAPPERMAN FAMILY TRUST

KENDALL KAPPERMAN SUCCESSOR TRUSTEE, OF KAPPERMAN FAMILY TRUST

NOTARY CERTIFICATE

STATE OF NEVADA)) S.S. COUNTY OF WASHOE)

ON THIS ____DAY OF _____ _____, 2022, KENDALL KAPPERMAN DID PERSONALLY APPEAR BEFORE ME AND UPON OATH DID DEPOSE AND SAY THAT HE EXECUTED THE ABOVE INSTRUMENT. IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND AFFIX MY OFFICIAL SEAL ON THE DATE AND YEAR FIRST ABOVE WRITTEN.

NOTARY'S SIGNATURE

NOTARY CERTIFICATE

STATE OF NEVADA)) S.S. COUNTY OF WASHOE)

_____, 2022, KENDALL KAPPERMAN ON THIS ____ DAY OF ____ DID PERSONALLY APPEAR BEFORE ME AND UPON OATH DID DEPOSE AND SAY THAT HE EXECUTED THE ABOVE INSTRUMENT. IN WITNESS WHEREOF, I HEREUNTO SET MY HAND AND AFFIX MY OFFICIAL SEAL ON THE DATE AND YEAR FIRST ABOVE WRITTEN.

NOTARY'S SIGNATURE

TITLE COMPANY CERTIFICATE

THE UNDERSIGNED HEREBY CERTIFIES THAT THIS PLAT HAS BEEN EXAMINED AND THAT THE OWNER SHOWN HEREON IS THE OWNER OF RECORD OF SAID LAND; THAT THERE ARE NO SECURITY INTEREST IN THE LANDS AND THERE ARE NO LIENS OF RECORD AGAINST THE OWNERS FOR DELINQUENT STATE, COUNTY, MUNICIPAL, FEDERAL OR LOCAL TAXES COLLECTED AS TAXES OR SPECIAL ASSESSMENTS EXCEPT AS SHOWN BELOW:

MONUMENT TITLE INSURANCE, INC.

BY: _____

DATE

TITLE:

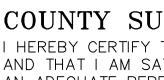
TAX CERTIFICATE

THE UNDERSIGNED HEREBY CERTIFIES THAT ALL PROPERTY TAXES ON PARCELS OF LAND APN 085-142-22 & APN 085-142-23 FOR THE 2022 FISCAL YEAR HAVE BEEN PAID AND THAT THE FULL AMOUNT OF ANY DEFERRED PROPERTY TAXES FOR THE CONVERSION OF THE PROPERTY FROM AGRICULTURAL USE HAS BEEN PAID PURSUANT TO N.R.S. 361A.265.

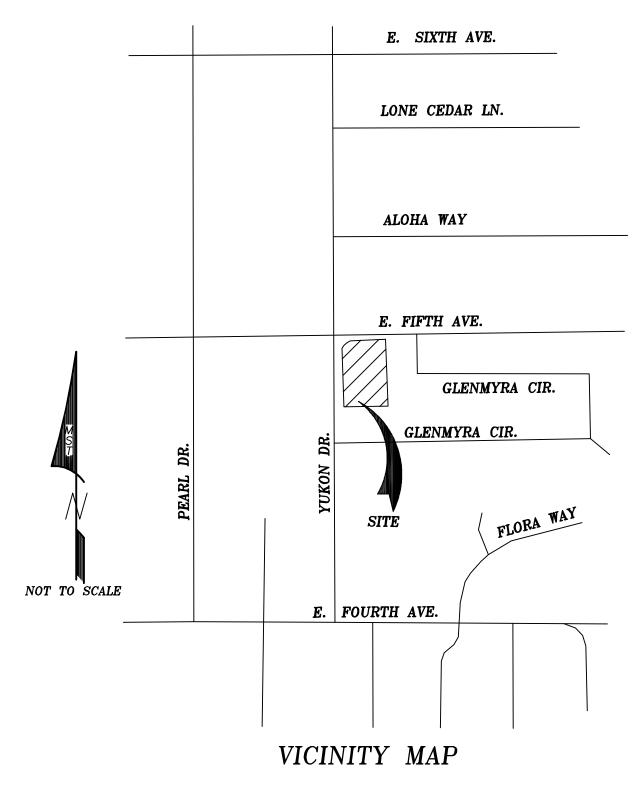
WASHOE COUNTY TREASURER

TITLE:

DATE



WAYNE HANDCOCK P.L.S. 20464 WASHOE COUNTY SURVEYOR



SURVEYOR'S CERTIFICATE

CERTIFY THAT:

PROPOSED BOUNDARY LINE ADJUSTMENT.

NRS 625.340.

INCLUSIVE.

STATE OF NEVADA.

ADJUSTMENT.

MICHAEL TALONEN (PLS)

DISTRICT BOARD OF HEALTH CERTIFICATE

THIS MAP IS APPROVED BY THE WASHOE COUNTY DISTRICT BOARD OF HEALTH. THIS APPROVAL CONCERNS SEWAGE DISPOSAL, WATER POLLUTION, WATER QUALITY, AND WATER SUPPLY FACILITIES. THIS MAP HAS BEEN FOUND TO MEET ALL APPLICABLE REQUIREMENTS AND PROVISIONS OF THE ENVIRONMENTAL HEALTH SERVICES DIVISION OF THE WASHOE COUNTY HEALTH DISTRICT.

FOR THE DISTRICT BOARD OF HEALTH	DATE	
TOR THE DISTRICT BOARD OF HEALTH	MST Surveying	FILE NO FILED FOR RECORD AT THE REQUEST OF MST SURVEYING INC. THISDAY OF 2022, AT MINUTES PAST O'CLOCKM., OFFICIAL RECORDS OF WASHOE COUNTY, NEVADA
	SURVEYORS	COUNTY RECORDER
	15506 Quicksilver Dr. Reno, Nevada 89511 (775) 544–7817 * (775) 677–8408 Fax * mstsurveying@hotmail.com	BY: DEPUTY

COUNTY SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I HAVE EXAMINED THIS MAP CONSISTING OF 2 SHEETS AND THAT I AM SATISFIED THAT SAID MAP IS TECHNICALLY CORRECT AND THAT AN ADEQUATE PERFORMANCE GUARANTEE HAS BEEN FILED GUARANTEEING THE MONUMENTS AS SHOWN WILL BE SET BY _____

DATE

I, MICHAEL TALONEN, A PROFESSIONAL LAND SURVEYOR LICENSED IN THE STATE OF NEVADA,

1. I HAVE PERFORMED A FIELD SURVEY SUFFICIENT TO LOCATE AND IDENTIFY PROPERLY THE

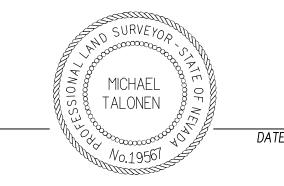
2. ALL CORNERS AND ANGLE POINTS OF THE ADJUSTED BOUNDARY HAVE BEEN DEFINED BY MONUMENTS OR WILL BE OTHERWISE DEFINED ON A DOCUMENT OF RECORD AS REQUIRED BY

3. THIS PLAT IS NOT IN CONFLICT WITH THE PROVISIONS OF NRS 278.010 TO 278.630,

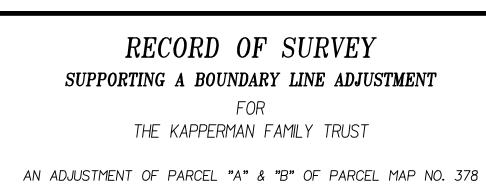
4. I HAVE PREPARED THIS MAP AT THE INSTANCE OF THE KAPPERMAN FAMILY TRUST. 5. THE SURVEY WAS COMPLETED ON MARCH 1ST, 2022.

6. THE PROPERTY SURVEYED BEING A PORTION OF THE NORTHEAST ONE-QUARTER (NE 1/4) OF THE NORTHWEST ONE-QUARTER (NW 1/4) OF SECTION TWENTY (20), TOWNSHIP TWENTY (20) NORTH, RANGE TWENTY (20) EAST, MOUNT DIABLO BASE MERIDIAN, COUNTY OF WASHOE,

7. NO ADDITIONAL PARCELS ARE CREATED AS A RESULT OF THIS BOUNDARY LINE



EXP. 06/30/2022

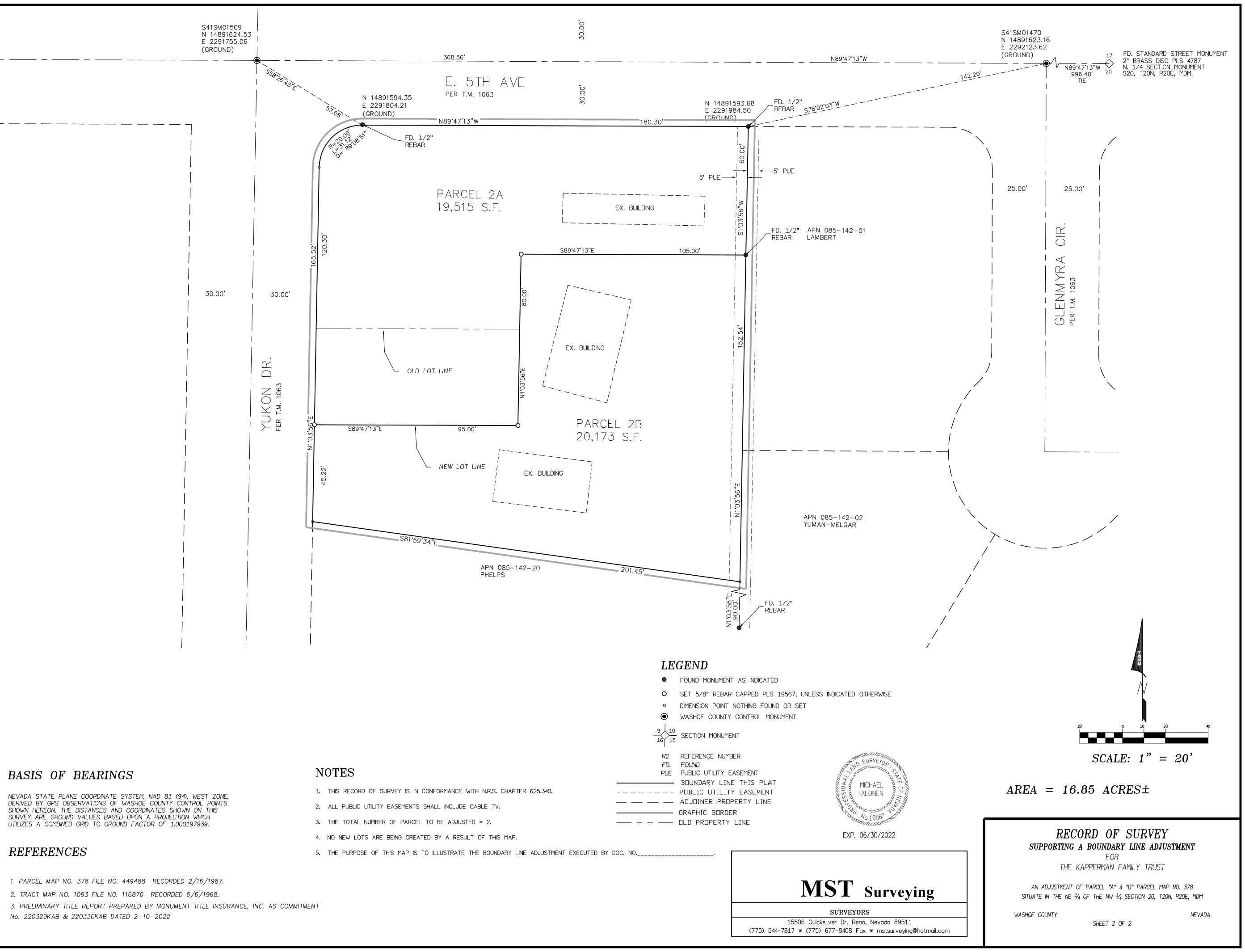


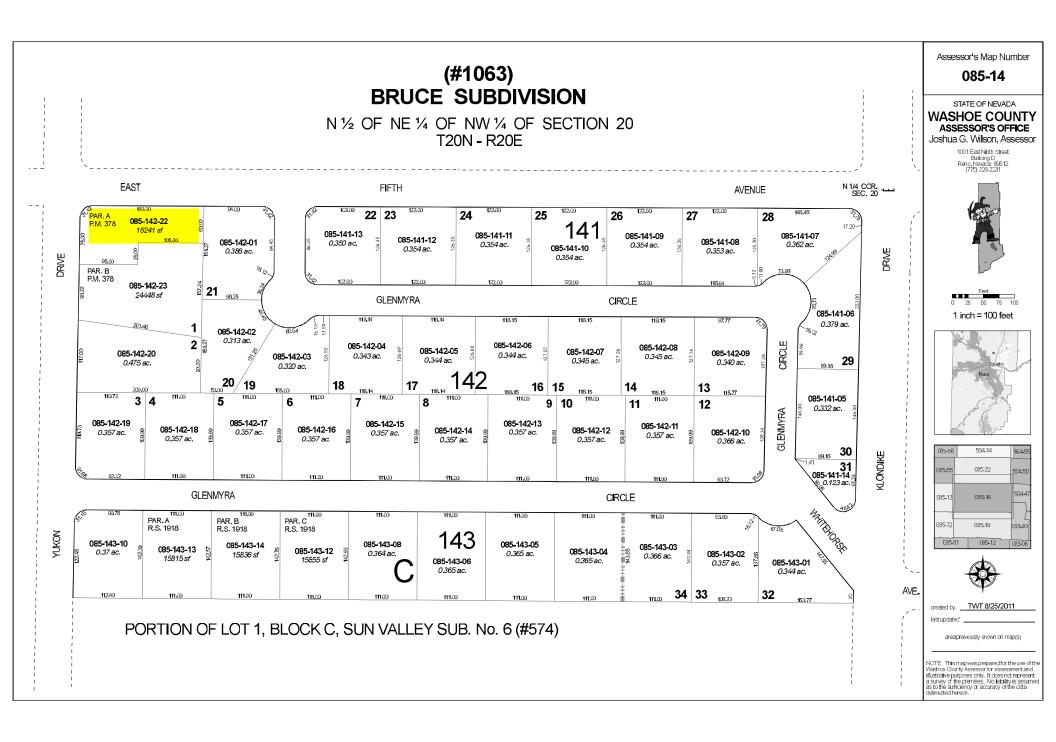
SITUATE IN THE NE 1/4 OF THE NW 1/4 OF SECTION 20, T20N, R20E, MDM

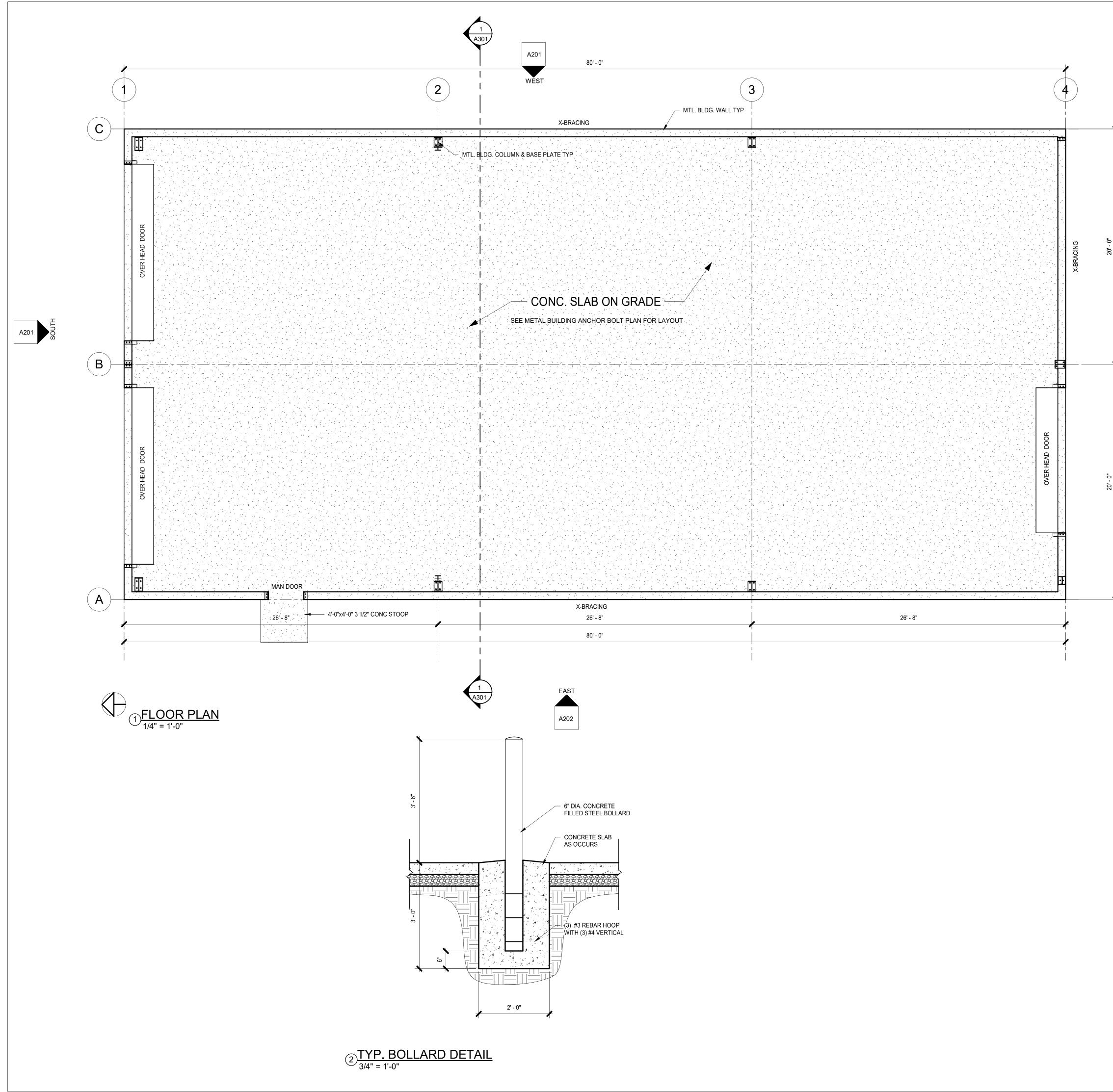
WASHOE COUNTY

SHEET 1 OF 2

NEVADA

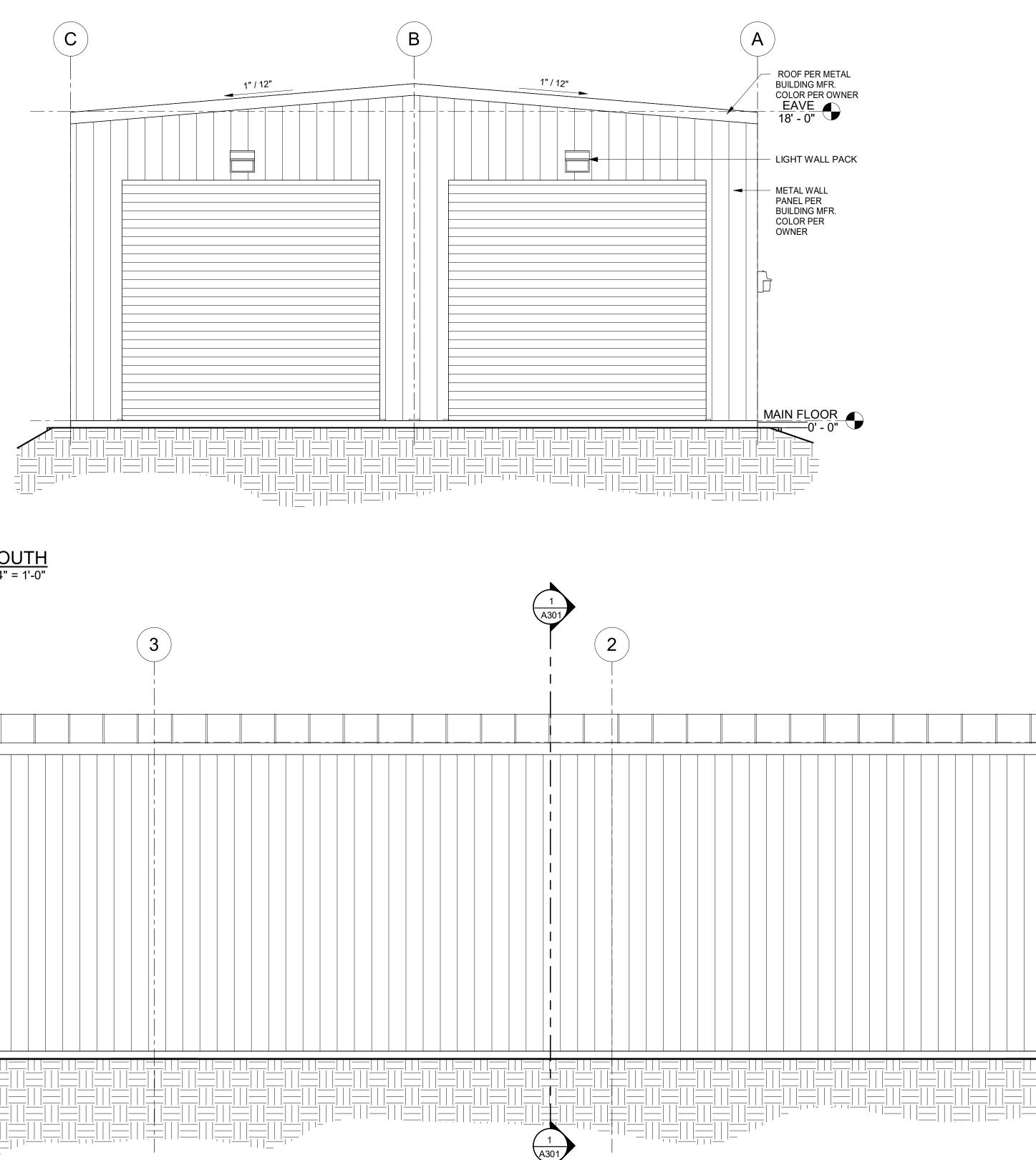


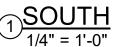


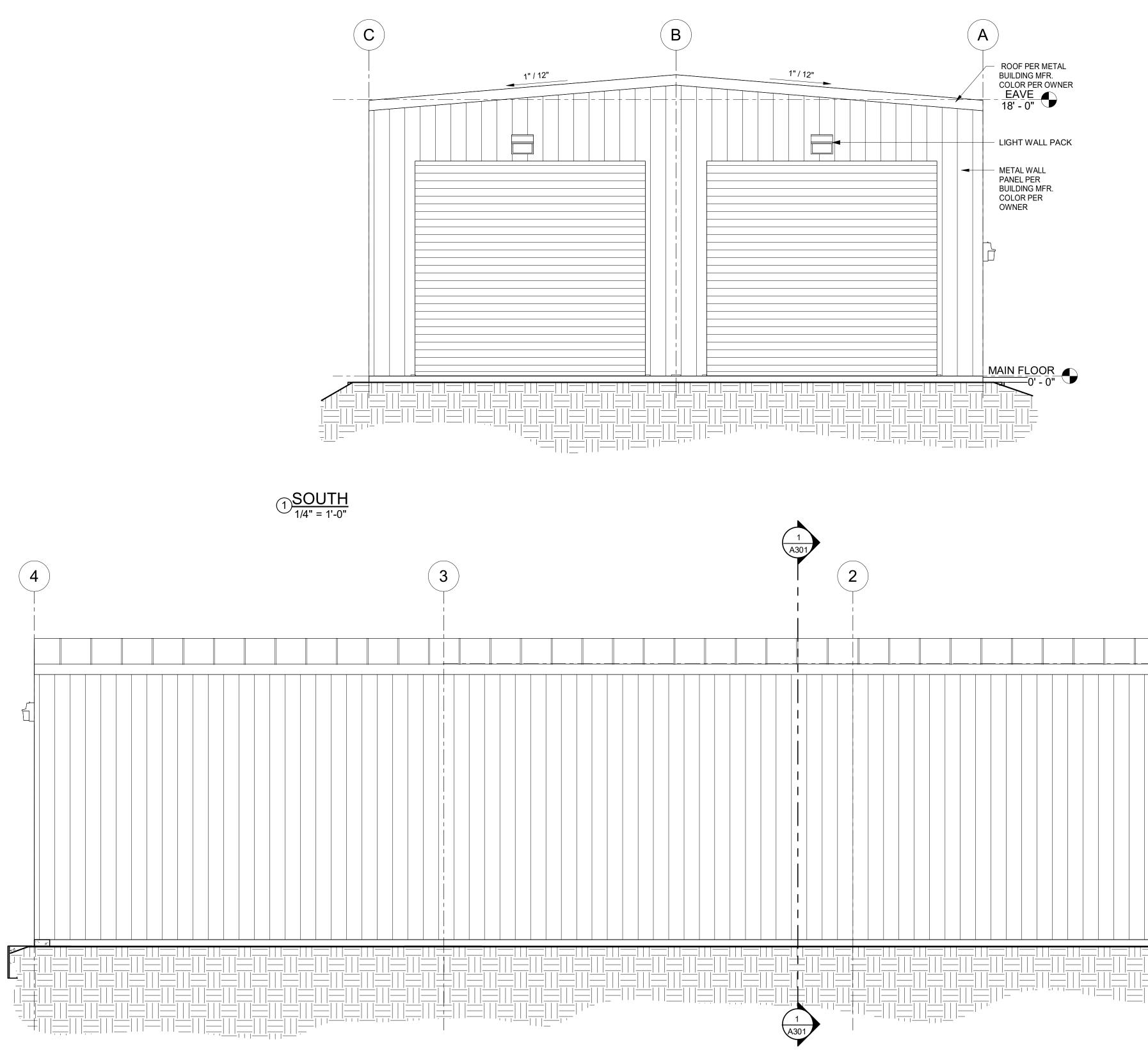


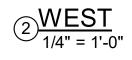
SIERRA BIM SOLUTIONS LLC email: joel@sierrabim.com 775-223-1248 PERMIT SUBMITTAL 5/9/2022 11:39:40 AM KAPPERMAN METAL BUILDING GARAGE S: KEN KAPPERMAN EAST FIFTH AVE. I VALLEY 89433 500 E SUN ocation: Name ime: Job Na Project Client Date Revision Schedule FLOOR PLAN Project number 22102 5.8.2022 Date Drawn by WKR JDH/BAS Checked by A101 As indicated Scale

A202

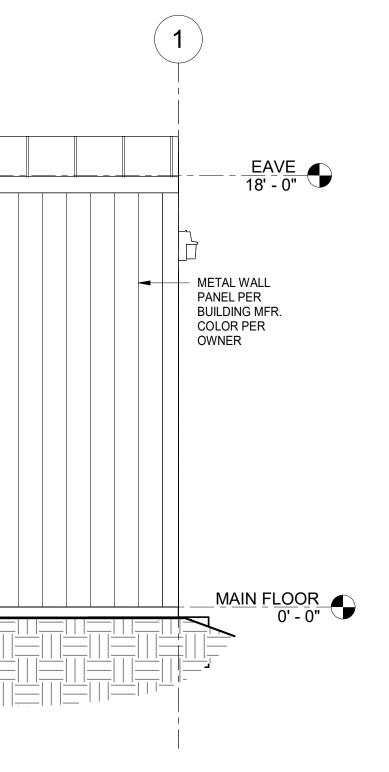


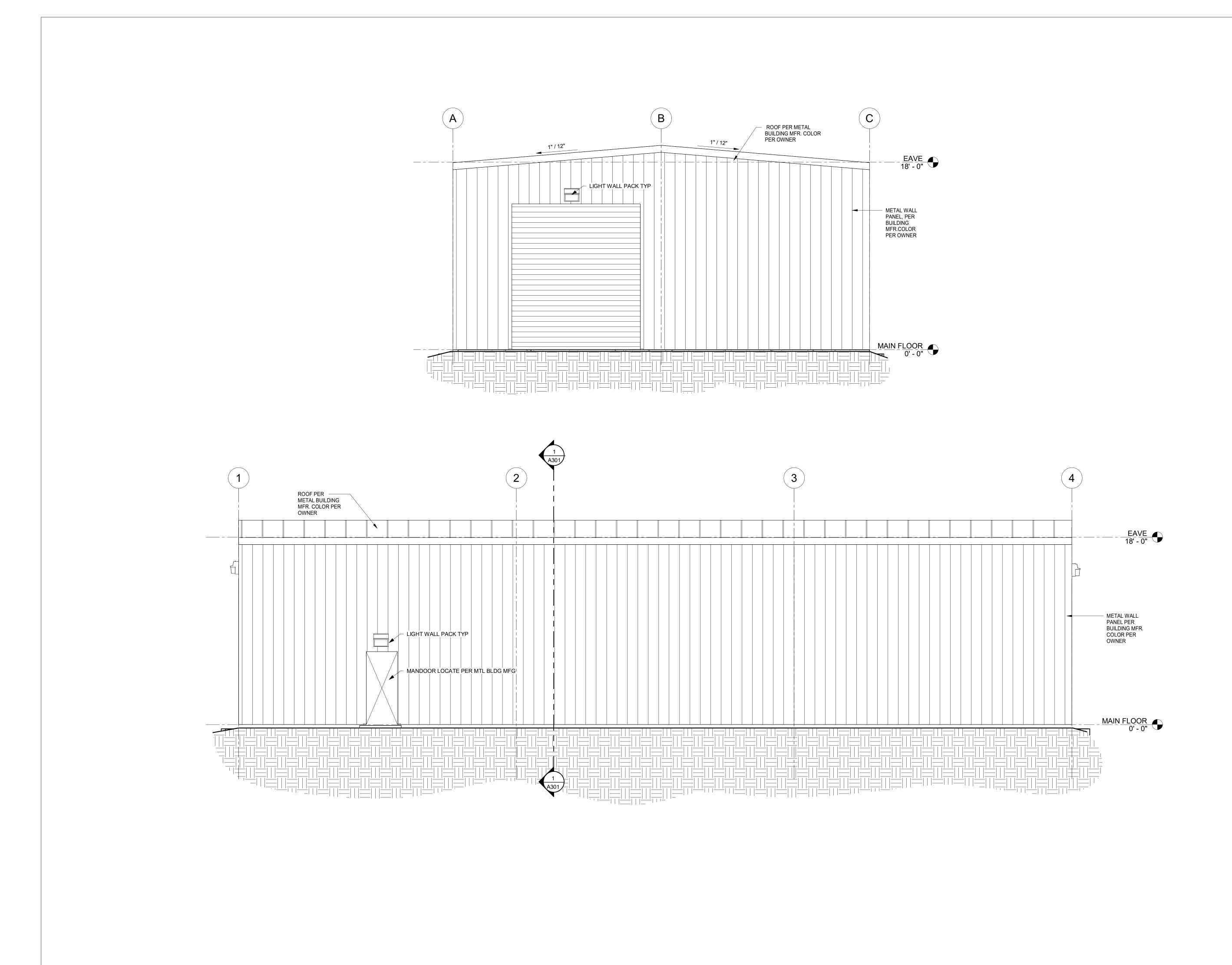




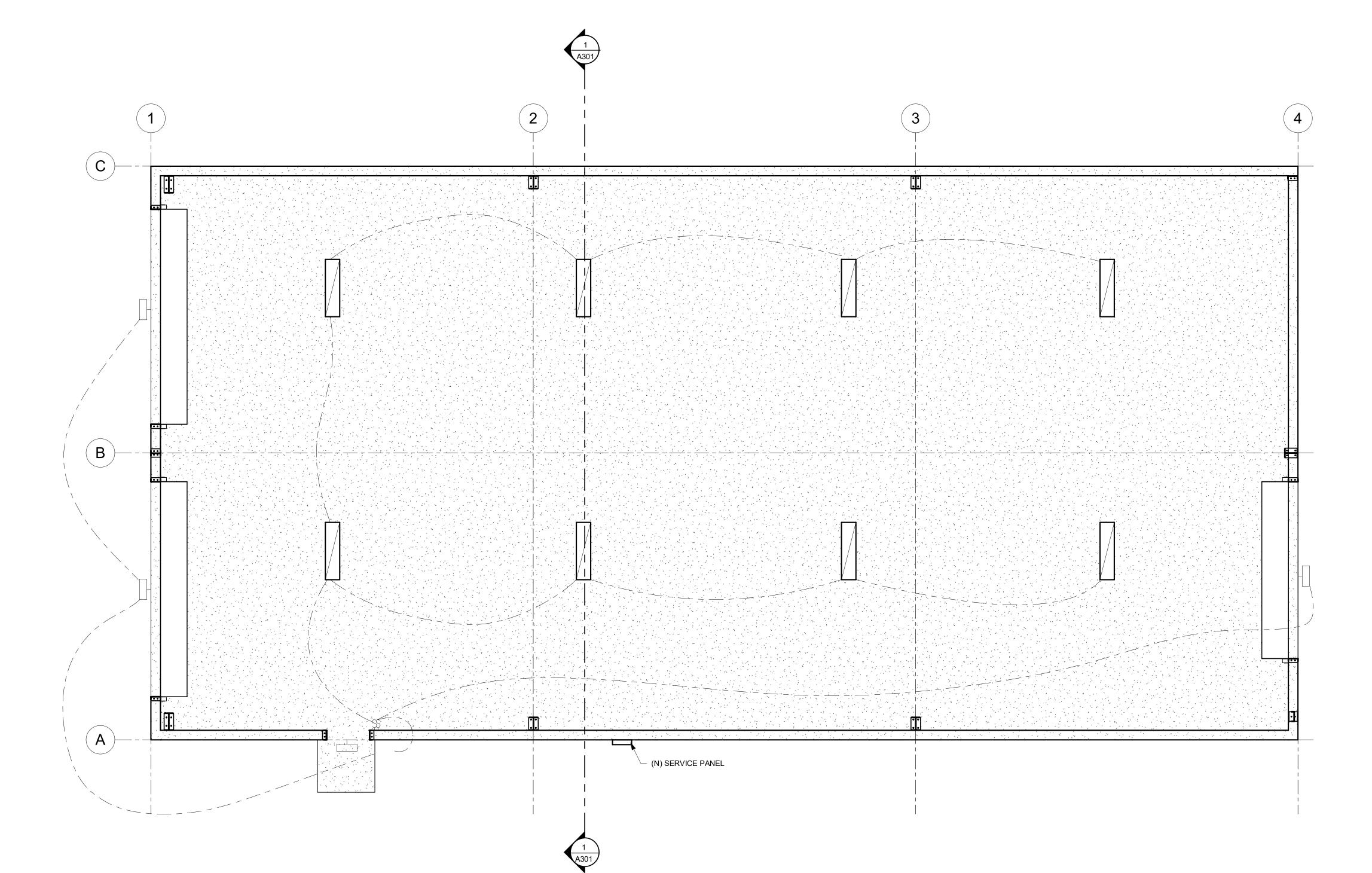


SIERRA BIM SOLUTIONS LLC email: joel@sierrabim.com 775-223-1248 PERMIT SUBMITTAL 5/9/2022 11:39:42 AM KAPPERMAN METAL BUILDING GARAGE EAST FIFTH AVE. I VALLEY 89433 KAPPERMAN 500 E SUN KEN Location: Name Job Name: Project Client Date Revision Schedule ELEVATIONS Project number 22102 5.8.2022 Date Drawn by WKR JDH/BAS Checked by A201 1/4" = 1'-0" Scale





SIERRA BIM SOLUTIONS LLC email: joel@sierrabim.com 775-223-1248 PERMIT SUBMITTAL 5/9/2022 11:39:43 AM KAPPERMAN METAL BUILDING GARAGE T FIFTH AVE. LEY 89433 KAPPERMAN VAL KEN 500 E SUN Location: Name Job Name: Project Client Date Revision Schedule ELEVATIONS Project number 22102 5.8.2022 Date WKR Drawn by JDH/BAS Checked by A202 1/4" = 1'-0" Scale



 1
 ELECTRICAL FLOOR PLAN

 1/4" = 1'-0"

ELECTRICAL LEGEND		
	110 V. ARC FAULT CIRCUIT INTERRUPTER DUPLEX OUTLET	
Θ	220 V. APPLIANCE OUTLET	
Ø	110 V. ARC FAULT CIRCUIT INTERRUPTER FLOOR OUTLET	
	110 V. GROUND FAULT INTERRUPTER PROTECTED DUPLEX OUTLET	
	110 V. GROUND FAULT INTERRUPTER PROTECTED DUPLEX OUTLET w/ WATER PROOF OUTLET	
\$	SINGLE POLE SWITCH	
\$ ₃	THREE-WAY POLE SWITCH	
\$ D	DIMMER SWITCH	
- \ -	CEILING MOUNTED LIGHT FIXTURE	
	RECESSED FLUORESCENT CAN LIGHT FIXTURE	
Ю	WALL MOUNTED LIGHT FIXTURE	
	1' x 4' (2) TUBE FLUORESCENT LIGHT FIXTURE	
0	CEILING MOUNTED EXHAUST FAN	
-\$-	CEILING MOUNTED EXHAUST FAN WITH LIGHT	
G	GARAGE DOOR OPENER	
S	SMOKE / CARBON MONOXIDE COMBINATION DETECTOR	
\triangleright	PHONE JACK	
TV C.W	TELEVISION CABLE OUTLET	
	SINGLE TUBE FLUORESCENT MOUNTED UNDER CABINET	
J	JUNCTION BOX	
\bigotimes	ILLUMINATED EXIT SIGN - CEILING MOUNTED	
ЮH	ILLUMINATED EXIT SIGN - WALL MOUNTED	
Ο	PENDANT LIGHT FIXTURE	
	WALL SCONCE	

