

**ADMINISTRATIVE PLAN REVIEW  
NEW CONSTRUCTION AND OUTDOOR STORAGE  
APPLICATION INFORMATION  
City of Sparks, Nevada**

**GENERAL:**

An Administrative Plan Review may be required as a prerequisite to the issuance of building permits, whenever a conditional use permit is not required, for commercial and industrial building additions, for new multiple-family residential, new commercial or industrial construction, the enlargement of a nonconforming use, and for outdoor storage in the City of Sparks. The purpose and intent of an Administrative Plan Review is to determine whether the proposed use, building, structure addition or change to any building, structure or use will conform to the zoning ordinance, building and fire codes and other applicable ordinances and requirements of the city. An Administrative Plan Review shall insure the development of an aesthetically acceptable and well-ordered community serving the interests of public health, safety and general welfare.

**PRE-APPLICATION MEETING:**

A pre-application meeting with the Community Services Department is **advisable** for any applicant proposing to apply for an Administrative Plan Review in the City of Sparks. Information on scheduling a pre-application meeting is available by contacting the Community Services Department.

**APPLICATION & REVIEW PROCEDURE:**

1. The applicant may choose to attend a pre-application meeting with the Community Services Department.
2. The applicant submits the Administrative Plan Review application on an application deadline date. Please refer to the attached schedule for the Administrative Plan Review application submittal dates.
3. The Community Services Department reviews the submitted application and distributes the application to other city departments and reviewing agencies for comments. The Community Services Department mails a letter to the applicant stating the date of the Plan Review Meeting and any supplemental information needed for staff's review of the application.
4. The applicant attends the **required** Plan Review Meeting to discuss their proposed Administrative Plan Review application. If supplemental application information was requested by the Community Services Department then the applicant shall bring it to the Plan Review Meeting.
5. The completeness of the application will be determined at the Plan Review meeting. At the Plan Review Meeting, the applicant and the Community Services Department will review the Administrative Plan Review application and discuss concerns for denial and/or conditions of approval. After the Plan Review Meeting, a decision letter will be mailed to the applicant. **Staff will make every effort to assure that applications maintain the Plan Review Meeting schedule included in this application packet.**

For additional information please contact:  
**Community Services Department**  
431 Prater Way, Sparks, Nevada 89431  
Phone: (775) 353-2340 Fax:(775) 353-1635

**ADMINISTRATIVE PLAN REVIEW**  
**NEW CONSTRUCTION AND OUTDOOR STORAGE**  
**APPLICATION CHECKLIST**  
City of Sparks, Nevada

The following items shall be submitted as a part of the Administrative Plan Review application:

- 1. **Health Department Application Fee:** An additional fee is assessed by the District Health Department for review of your application. Please include a check or money order payable to the "City of Sparks" with your application. (The City of Sparks receives fees on behalf of District Health) See FEE SCHEDULE for correct amount.
- 2. **Application Fee:** A check or money order payable to the "City of Sparks" for the application fee. **The application fee is due at the time of the application submittal.** The application fee is a deposit against which staff bills time and materials. At end of review, there could be refund or balance due. **The Administrative Plan Review permit will not be issued until balance due is paid in full.** See FEE SCHEDULE for correct amount.

\*\*\*\*\*PLEASE NOTE ALL FEES MAY BE PAID BY ONE CHECK\*\*\*\*\*

- 3. **Proof of Ownership:** If the person signing the owner's affidavit is not listed as the property owner in the most recent records of the Washoe County Assessor, proof of ownership acceptable to the administrator must be submitted with the application. If the signer is an agent of the owner, written documentation of that fact acceptable to the administrator must be submitted. If in Corporate ownership, a list of all Corporate Officers must be provided.
- 4. **Traffic Study:** Six (6) copies of a complete traffic study for any project which will generate more than 80 p.m. peak hour trips.
- 5. **Review Packets:** Ten (10), each containing the following:
  - a. Completed Development Application form
  - b. Completed Residential or Non-Residential Project Data Sheet
  - c. A written description of the Administrative Plan Review request
  - d. Are there any existing structures on the proposed site?
    - No
    - Yes (Please include a dimensioned site plan, pictures of existing buildings, and any additional information that would be helpful to illustrate the existing use of the site. All plans shall be drawn to standard architectural or engineering scale and shall include a north arrow.)
  - e. Is a new structure proposed at the existing site?
    - No
    - Yes – The following shall be submitted:
      - A dimensioned site plan which includes the new structure, setbacks to property lines, easements, and any additional information that would be helpful to illustrate the proposed use of the site.
      - Four sided architectural building elevations with colors and materials clearly labeled.
      - Floor plans
      - A detailed landscape and irrigation plan with plant materials, sizes and quantities clearly labeled. The total percent of the site that is proposed to be landscaped shall be provided.
  - f. Is the project site 20 or more acres in size?
    - No
    - Yes, all development projects that are 20 or more acres must demonstrate the project is fiscally positive to the City for a period of at least 20 years.
  - g. **If drawings larger than 8½" x 11" are included with the application, one 8½" x 11" or 11" x 17" color reproduction of each MUST be provided.**
  - h. Vicinity Map depicting the respective site and including surrounding roadways.
  - i. One packet containing the original signed owner's affidavit shall be provided and shall be clearly labeled "Community Services Department Original"

NOTE: • **The Community Services Department may request that additional application materials be submitted depending on the specific project request. The application materials required above shall serve as the minimum requirements necessary to make application submittal to the Community Services Department.**

**ADMINISTRATIVE PLAN REVIEW  
RESIDENTIAL PROJECT DATA SHEET  
City of Sparks, Nevada**

**1. Number of Dwelling Units**

Single Family Detached \_\_\_\_\_  
 Duplexes \_\_\_\_\_  
 Multi-Family Attached \_\_\_\_\_

**2. Site Area Breakdown**

Lots or Buildings \_\_\_\_\_ Ac. \_\_\_\_\_ %  
 Public Right-of-Way \_\_\_\_\_ Ac. \_\_\_\_\_ %  
 Common Area \_\_\_\_\_ Ac. \_\_\_\_\_ %  
 TOTAL \_\_\_\_\_ Ac. \_\_\_\_\_ %

**3. Gross Density**

\_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
 Total # of Dwellings      Total Area      Gross Density  
 in Acres (DU/AC)

**4. Schools Serving Project**

Elementary School \_\_\_\_\_  
 Middle School \_\_\_\_\_  
 High School \_\_\_\_\_

**5. Estimated Sewage to be Generated**

\_\_\_\_\_ GPD  
 (Attach Calculations)

**6. Traffic**

Average Daily Trips \_\_\_\_\_ Trips  
 Peak Hour Trips \_\_\_\_\_ Trips  
 (Attach Calculations)

**7. Flood Hazard**

Portion of site subject to inundation  
 By 100 year flood:

\_\_\_\_\_ Ac. \_\_\_\_\_ %

**8. Estimated Water Demand (Attach Calculations)**

Domestic \_\_\_\_\_ AFY  
 Irrigation \_\_\_\_\_ AFY  
 TOTAL \_\_\_\_\_ AFY

Source of water supply: \_\_\_\_\_

**9. Lot Sizes**

\_\_\_\_\_ Sq. Ft. minimum (corner)  
 \_\_\_\_\_ Sq. Ft. minimum (interior)  
 \_\_\_\_\_ Sq. Ft. maximum  
 \_\_\_\_\_ Sq. Ft. average

**10. Minimum Building Setbacks**

\_\_\_\_\_ Feet (Front Property Line to Dwelling)  
 \_\_\_\_\_ Feet (Front Property Line to Garage)  
 \_\_\_\_\_ Feet (Exterior Side Property Line to Dwelling)  
 \_\_\_\_\_ Feet (Interior Side Property Line to Dwelling)  
 \_\_\_\_\_ Feet (Rear Property Line to Dwelling)

**11. Portion of Site within the Following  
Slope Categories:**

0% - 10% \_\_\_\_\_ Ac. \_\_\_\_\_ %  
 10% + \_\_\_\_\_ Ac. \_\_\_\_\_ %

**12. Unit Sizes**

\_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Bedrooms  
 \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Bedrooms

**13. Maximum Building Height**

\_\_\_\_\_ Feet \_\_\_\_\_ Stories

**14. Coverage of Lot by Structure**

Maximum \_\_\_\_\_ %

**15. Single Family & Two-Family Parking**

SF detached \_\_\_\_\_ x 1 per bedrm = \_\_\_\_\_  
 2 dwelling (duplex) \_\_\_\_\_ x 1 per bedrm = \_\_\_\_\_

**16. Multi-Family Parking**

Multi-Family \_\_\_\_\_ x 1 per dwelling unit = \_\_\_\_\_  
 Live/work \_\_\_\_\_ x 1 per dwelling unit = \_\_\_\_\_  
 Boarding/rooming house \_\_\_\_\_ x 0.5 per bdrm = \_\_\_\_\_  
 Group home \_\_\_\_\_ square footage / 400 sf = \_\_\_\_\_

**17. Life Care Housing**

\_\_\_\_\_ square footage / 400 sf = \_\_\_\_\_



**DEVELOPMENT APPLICATION**



**ACTION REQUESTED:**

- Administrative Review
- Administrative Review MME
- Annexation
- Conditional Use Permit
- Comprehensive Plan Amendment
- Major Deviation
- Minor Deviation
- Planned Development
- Rezoning

- Tentative Subdivision Map
- Variance

<b>CASE NUMBER:</b>	<b>FEE:</b>
_____	\$ _____
Noticing Fee	\$ _____
District Health Fee	\$ _____
<b>TOTAL FEES</b>	\$ _____
Rec'd by: _____	Date: _____
<i>(For Planning Department Use Only)</i>	

**DATE:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

*(Mark one box to indicate responsible party and mailing address)*

**PROPERTY OWNER\***

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**APPLICANT\***

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**PERSON / FIRM PREPARING PLANS**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**PROJECT ADDRESS:**

\_\_\_\_\_

**PARCEL NO. (APN):** \_\_\_\_\_

\_\_\_\_\_

**PROPERTY SIZE:** \_\_\_\_\_

**EXISTING ZONING:** \_\_\_\_\_

**PROPOSED ZONING:** \_\_\_\_\_

**MASTER PLANNED LAND USE:** \_\_\_\_\_

**EXISTING USE:** \_\_\_\_\_

\_\_\_\_\_

**SURROUNDING USES:**

North \_\_\_\_\_

East \_\_\_\_\_

South \_\_\_\_\_

West \_\_\_\_\_

**\* If a corporation please attach a list of corporate officers.**

**\* If a partnership please list all general partners.**

**NOTE: Affidavits must be signed by both the property owner and the developer/lessee and notarized before the application is submitted.**

**DEAR APPLICANT:**

**THE CITY OF SPARKS APPLICATION PROCESS REQUIRES THAT THE PROPERTY OWNER AUTHORIZE THE APPLICANT TO REQUEST DEVELOPMENT RELATED APPLICATIONS. DEVELOPMENT APPROVALS REMAIN WITH THE LAND; THEREFORE, THE PROPERTY OWNER IS ALWAYS RESPONSIBLE FOR ANY ACTIVITY ON THE PROPERTY.**

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**OWNER AFFIDAVIT**

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF WASHOE )

I, \_\_\_\_\_ being duly sworn, depose and say that I am an owner of property/authorized agent involved in this petition and that I authorize \_\_\_\_\_ to request development related applications on my property. I also give permission for site visitation by the Planning Commission, City Council and City Staff.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State

My commission expires: \_\_\_\_\_

**APPLICANT AFFIDAVIT**

STATE OF NEVADA            )  
  ) SS.  
COUNTY OF WASHOE )

I, \_\_\_\_\_ being duly sworn, depose and say that I am the applicant involved in this petition 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 also give permission for site visitation by the Planning Commission, City Council and City Staff.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for said County and State

My commission expires: \_\_\_\_\_

City of Sparks Community Services Department  
 2018 APPLICATION DATES  
ADMINISTRATIVE PLAN REVIEW

*APPLICATIONS WILL ONLY BE ACCEPTED ON APPLICATION DEADLINE DATES*

<b>Application Deadline*</b>			<b>Plan Review Meeting</b>		
Wed	<b>Jan 24, 2018</b>	4:00 PM	Wed	<b>Feb 07, 2018</b>	9:30 AM
Wed	<b>Feb 21, 2018</b>	4:00 PM	Wed	<b>Mar 07, 2018</b>	9:30 AM
Wed	<b>Mar 21, 2018</b>	4:00 PM	Wed	<b>Apr 04, 2018</b>	9:30 AM
Wed	<b>Apr 25, 2018</b>	4:00 PM	Wed	<b>May 09, 2018</b>	9:30 AM
Wed	<b>May 23, 2018</b>	4:00 PM	Wed	<b>Jun 06, 2018</b>	9:30 AM
Tue	<b>Jun 19, 2018</b>	4:00 PM	<i>Tue</i>	<i>Jul 03, 2018</i>	9:30 AM
Wed	<b>Jul 25, 2018</b>	4:00 PM	Wed	<b>Aug 08, 2018</b>	9:30 AM
Wed	<b>Aug 22, 2018</b>	4:00 PM	Wed	<b>Sep 05, 2018</b>	9:30 AM
Wed	<b>Sep 19, 2018</b>	4:00 PM	Wed	<b>Oct 03, 2018</b>	9:30 AM
Wed	<b>Oct 24, 2018</b>	4:00 PM	Wed	<b>Nov 07, 2018</b>	9:30 AM
<i>Tue</i>	<i>Nov 20, 2018</i>	4:00 PM	Wed	<b>Dec 05, 2018</b>	9:30 AM
Wed	<b>Dec 26, 2018</b>	4:00 PM	Wed	<b>Jan 09, 2019</b>	9:30 AM

*\*Meeting the application deadline does not guarantee each submittal will follow this schedule. Staff will make every effort to assure that completed submittals will maintain this schedule.*

**FEE SCHEDULE FOR PLANNING DIVISION  
(Effective July 2017)**

APPLICATION TYPE	CITY OF SPARKS	DIV. OF WATER RESOURCES	DIV. OF ENVIRON. PROT.
Annexation	\$3,000.00 plus \$500.00 noticing fee	N/A	N/A
Administrative Review	\$1,250.00 deposit credited toward actual staff time **Not to exceed \$7,495** Plus \$168.00 District Health fees	N/A	N/A
Administrative Review Medical Marijuana Establishment	\$1,250.00 deposit credited toward actual staff time **Not to exceed \$7,495** Plus \$168.00 District Health fees	N/A	N/A
Administrative Review Telecommunications Tower	\$1,250.00 deposit credited toward actual staff time **Not to exceed \$7,495** Plus \$555.00 District Health fee if site is served by Septic System	N/A	N/A
Amendment to Development Agreement	\$88.00 per hour	N/A	N/A
Area Plan	\$5,000.00 deposit credited toward actual staff time	N/A	N/A
Comprehensive Plan Amendment	\$2,500.00 **Plus \$703.00 District Health fee**	N/A	N/A
Conditional Use Permit  Major	\$2,500.00 deposit credited toward actual staff time **Not to exceed \$7,495.00 **Plus \$500.00 noticing fee** **Plus \$555.00 District Health fee** \$10,000.00 deposit credited toward actual staff time **Plus \$500.00 noticing fee** **Plus \$555.00 District Health fee**	N/A	N/A
Development Agreement	\$1,900.00 plus \$120.00 per hour **Plus \$555.00 District Health fee**	N/A	N/A
Deviations Minor Major	\$120.00 \$1,250.00 deposit credited toward actual staff time **Not to exceed - \$7,495** **Plus \$500.00 noticing fee** **		
Planned Development	\$5,000.00 deposit credited toward actual staff time Typical costs for a Planned Development: \$10,000 to \$50,000 ** Plus \$500.00 noticing fee** **Plus \$1,204 if served by sewer or \$2,656 if served by septic District Health fee**	Applies only if there is a Tentative Map/Conformance Review (See Tentative Map)	
Reviewed of expired Tentative Subdivision Map	\$1,250.00 deposit credited toward actual staff time ***Not to exceed \$7,495** **Plus \$1,204 if served by sewer or \$2,656 if served by septic District Health fee**	\$180.00 + \$1.00/lot	\$100.00 + \$1.00/lot
Rezoning	\$517.00 **Plus \$500.00 noticing fee**	N/A	N/A
Temporary Use Permit	\$100.00	N/A	N/A
Tentative Subdivision Map	\$22,800.00 **Plus \$1,204 if served by sewer or \$2,656 if served by septic District Health fee**	\$180.00 + \$1.00/lot	\$100.00 + \$1.00/lot
Variance	\$4,110.00 **Plus \$500.00 noticing fee** **Plus \$168.00 District Health fee**	N/A	N/A
Zoning Research	\$80.50 per hour	N/A	N/A

**Please Note:** Washoe County District Health fees are now payable to the City of Sparks. The fees can be paid by separate check or can be added together and paid as one. All checks made payable to the City of Sparks. Fees are due and payable at the time of submittal. Thank you.