

ADMINISTRATIVE PLAN REVIEW
MEDICAL MARIJUANA ESTABLISHMENT (MME)
APPLICATION INFORMATION
City of Sparks, Nevada

GENERAL:

An Administrative Plan Review is required as a prerequisite to the issuance of building permits, for new Medical Marijuana Establishments or additions. 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
MEDICAL MARIJUANA ESTABLISHMENTS
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) **This fee is due on the day the application is submitted.** 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. **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.**
 - g. Vicinity Map depicting the respective site and including surrounding roadways.
 - h. 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.**

MEDICAL MARIJUANA ESTABLISHMENTS

SUPPLEMENTAL REQUIREMENTS

CITY OF SPARKS, NEVADA

- 1. The application for medical marijuana establishments requires an approval by Administrative Review.
- 2. The application must comply with the submittal requirements of the Administrative Review.
- 3. Provide documentation that the proposed building(s) comply with regulations in Nevada State laws, Regulations of the Division of Public and Behavioral Health of the Department of Health and Human Services and International Building/Fire Codes.
- 4. Provide a written narrative on the type of proposed medical marijuana establishment including:
 - a. Discuss compliance with Title 20.03.026 of Sparks Municipal Code (SMC).
 - b. Discuss the specific medical marijuana products to be grown, produced, tested or sold.
 - c. Include total square footage of the building and if not using the entire building explain how the remainder of the building will be used and secured.
 - d. Discuss the operations including hours of operation for employees, products grown or produced, customer hours if dispensary and if doing extraction, method to be used.
 - e. Discuss the anticipated number of employees.
 - f. Discuss the procedures for loading and unloading.
 - g. Discuss control of potential emissions or odors.
- 5. Provide a site plan demonstrating that there is required parking, how access to the site is restricted and building(s) showing if there will be any gates, number of driveways, controlled entrances, etc. and the locations of the unloading/loading area and disposal of waste products.
- 6. Provide a survey document demonstrating compliance with the separation distances required by State laws of a minimum distance of 1,000 feet from a public or private school that provides formal education traditionally associated with preschool or kindergarten through grade 12 and a minimum distance of 300 feet of community facilities as defined in Title 20. For dispensaries, the survey must demonstrate that the proposed location will be a minimum distance of 1,000 feet from a state of Nevada licensed substance abuse treatment center as measured from the front door of the dispensary to the closest property line of the licensed substance abuse treatment center. If located in the Industrial zoning district, the survey must demonstrate that the dispensary is located within 1,000 feet radius feet from the center of the intersection of McCarran Boulevard and Glendale Avenue; McCarran Boulevard and Greg Street or Glendale Avenue and Rock Boulevard and is visible from one of these arterials.

MEDICAL MARIJUANA DISPENSARIES

SUPPLEMENTAL REQUIREMENTS

CITY OF SPARKS, NEVADA

- 1. The application for the above uses requires an approval by Administrative Review.
- 2. The application must comply with the submittal requirements of the Administrative Review.
- 3. Provide documentation that the proposed building(s) comply with regulations in Nevada State laws, Regulations of the Division of Public and Behavioral Health of the Department of Health and Human Services and International Building/Fire Codes.
- 4. Provide a written narrative on the type of proposed medical marijuana establishment including:
 - a. Discuss compliance with Title 20.03.025 of Sparks Municipal Code (SMC).
 - b. Include total square footage of the building and if not using entire building explain how the remainder of the building will be used and secured. The public access area cannot be more than 2,500 square feet.
 - c. Discuss the operations including hours both for customers and employees.
 - d. Discuss the anticipated number of employees.
 - e. Discuss the procedures for loading and unloading.
 - f. Discuss control of potential emissions or odors.
- 5. Provide a site plan demonstrating that there is required parking, restricted access to the site and building(s) showing if there will be any gates, number of driveways, controlled entrances, etc. and the locations of the unloading/loading area and disposal of waste products.
- 6. Provide a survey document, prepared by a registered surveyor (sealed), demonstrating compliance with the separation distances required by State laws of a minimum distance of 1,000 feet from a public or private school that provides formal education traditionally associated with preschool or kindergarten through grade 12 and a minimum distance of 300 feet of community facilities as defined in Title 20.

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

1. Site Area Breakdown

Building Coverage _____ Ac. _____ %
 Landscaped Area _____ Ac. _____ %
 Paved Area _____ Ac. _____ %
 Undeveloped Area _____ Ac. _____ %
 Public Right-of-Way _____ Ac. _____ %
 TOTAL _____ Ac. _____ %

2. Existing Building Information

#1 Description _____
 Floor Area _____ Sq.Ft Height _____ Feet
 Type of Construction _____
#2 Description _____
 Floor Area _____ Sq.Ft Height _____ Feet
 Type of Construction _____

3. Floor Area Ratio

_____ / _____ = _____
 Total Floor Net Site Floor Area
 Area (Sq. Ft.) Area (Sq. Ft.) Ratio

4. Description of Proposed Use

5. Building Area Breakdown & Parking Calculations

Auto Repair / Service	_____	1 per 500 Sq.Ft.	=	_____	Spaces
Child Care	_____	1 per 350 Sq. Ft.	=	_____	Spaces
Church	_____	1 per 150 Sq. Ft.	=	_____	Spaces
Financial	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Gaming Establishment	_____	1 per 100 Sq. Ft. + 1 per 300 Sq. Ft.	=	_____	Spaces
		for Accessory uses	=	_____	Spaces
Health Club	_____	1 per 150 Sq. Ft.	=	_____	Spaces
Hospitals	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Hotel/Motel	_____	1 per guest room	=	_____	Spaces
Life Care	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Manufacturing	_____	1 per 2000 Sq. Ft.	=	_____	Spaces
Medical/Clinic	_____	1 per 500 Sq. Ft.	=	_____	Spaces
Office	_____	1 per 800 Sq. Ft.	=	_____	Spaces
Personal Service	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Recreational Facility	_____	1 per 200 Sq. Ft.	=	_____	Spaces
Restaurant/Bar	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Retail	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Sale of Bulky Goods	_____	1 per 400 Sq. Ft.	=	_____	Spaces
School, Elementary	_____	1 per classrm + 1 per 100 students	=	_____	Spaces
School, Middle	_____	2 per classrm + 1 per 100 students	=	_____	Spaces
School, High	_____	1 per 1.5 Students + Staff	=	_____	Spaces
Theatre/Auditorium	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Warehousing	_____	1 per 2000 Sq. Ft.	=	_____	Spaces

6. Outdoor Uses

Outdoor Storage ___ Yes ___ No
 Outdoor Processing ___ Yes ___ No
 Staging/Loading of Trucks ___ Yes ___ No

7. Estimated Water Demand (Attach Calculations)

Domestic _____ AFY
 Irrigation _____ AFY
 TOTAL _____ AFY
 Source of water supply: _____

8. Traffic (Attach Calculations)

Average Daily Trips _____ Trips
 Peak Hour Trips _____ Trips

9. Estimated Sewage to be Generated

_____ GPD
 (Attach Calculations)

10. Hazardous Materials

Will the use on this site involve the use of hazardous materials? ___ Yes ___ No

11. Flood Hazard

Portion of site subject to inundation by 100 year flood:
 _____ Ac. _____ %

12. Portion of Site within the Following Slope Categories:

0% - 10% _____ Ac. _____ %
 10% + _____ Ac. _____ %

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

CASE NUMBER:	FEE:
_____	\$ _____
Noticing Fee	\$ _____
District Health Fee	\$ _____
TOTAL FEES	\$ _____
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.

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

Application Deadline*			Plan Review Meeting		
Wed	Jan 17, 2018	4:00 PM	Wed	Feb 07, 2018	9:30 AM
Wed	Feb 21, 2018	4:00 PM	Wed	Mar 07, 2018	9:30 AM
Wed	Mar 21, 2018	4:00 PM	Wed	Apr 04, 2018	9:30 AM
Wed	Apr 25, 2018	4:00 PM	Wed	May 09, 2018	9:30 AM
Wed	May 23, 2018	4:00 PM	Wed	Jun 06, 2018	9:30 AM
Wed	Jun 20, 2018	4:00 PM	Tue	Jul 03, 2018	9:30 AM
Wed	Jul 25, 2018	4:00 PM	Wed	Aug 08, 2018	9:30 AM
Wed	Aug 22, 2018	4:00 PM	Wed	Sep 05, 2018	9:30 AM
Wed	Sep 19, 2018	4:00 PM	Wed	Oct 03, 2018	9:30 AM
Wed	Oct 24, 2018	4:00 PM	Wed	Nov 07, 2018	9:30 AM
Tue	Nov 20, 2018	4:00 PM	Wed	Dec 05, 2018	9:30 AM
Wed	Dec 26, 2018	4:00 PM	Wed	Jan 09, 2019	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
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** **		
Master Plan Amendment	\$2,500.00 **Plus \$703.00 District Health fee**	N/A	N/A
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.