

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 a complete 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 for completeness. The Community Services Department sends a letter to the applicant stating whether the application has been deemed complete or incomplete. If the application is deemed complete, a letter with the date of the Plan Review Meeting and any supplemental information needed for staff's review of the application will be sent to the applicant. If the application is deemed incomplete, a letter identifying the required deficient information will be sent to the applicant.
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 by Planning staff. 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 / Email planningreview@cityofsparks.us

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MEDICAL MARIJUANA ESTABLISHMENT (MME)
APPLICATION INFORMATION
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:** One (1) copy of a complete traffic study prepared by a state of Nevada licensed traffic engineer for any project which will generate more than 80. peak hour trips. If the project will generate less than 80 peak hour trips, please submit a trip generation letter prepared by a state of Nevada licensed traffic engineer for documentation of the trips anticipated to be generated.
5. **Review Packets:** One (1) original and one (1) digital copy (preferably on a thumb drive) of 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. **The original signed applicant and owner’s affidavit shall be provided. Signatures must be original.**

NOTE: The application materials required above shall serve as a short list of necessary material. The Community Services Department requests that additional application materials be submitted specific to the nature of the project request.

*The complete list of required materials as outlined in the Sparks Zoning Code – Title 20 can be found at the following link.
https://library.municode.com/nv/sparks/codes/code_of_ordinances?nodeId=TIT20ZOCO_AP_APXA-IGE*

DEVELOPMENT APPLICATION

ACTION REQUESTED:

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



- Rezoning
- Tentative Subdivision Map
- Variance

CASE NUMBER:	FEE:
_____	\$ _____
Noticing Fee	\$ _____
TOTAL FEE:	\$ _____
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: _____

PROJECT ADDRESS:

PARCEL NO. (APN): _____

PROPERTY SIZE: _____

EXISTING ZONING: _____

PROPOSED ZONING: _____

MASTER PLANNED LAND USE: _____

EXISTING USE: _____

APPLICANT*

Name: _____

Address: _____

City _____ State _____ ZipCode _____

Phone: _____ Fax: _____

Contact Person: _____

E-mail Address: _____

SURROUNDING USES:

North _____

East _____

South _____

West _____

PERSON / FIRM PREPARING PLANS

Name: _____

Address: _____

City _____ State _____ ZipCode _____

Phone: _____ Fax: _____

Contact Person: _____

E-mail Address: _____

* *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: _____

Signature: _____

Subscribed and sworn 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: _____

Signature: _____

Subscribed and sworn before me this _____ Day of _____, 20 _____

Notary Public in and for said County and State

My Commission expires: _____

**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 bedrm = _____
Group home _____ square footage / 400 sf = _____

17. Life Care Housing

_____ square footage / 400 sf = _____

**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.
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. _____ %

City of Sparks Community Services Department
 2022 APPLICATION DATES
ADMINISTRATIVE REVIEWS

APPLICATIONS WILL ONLY BE ACCEPTED ON APPLICATION DEADLINE DATES

Application Deadline*		Plan Review Meeting	
Tue	Dec 21, 2021	Wed	Jan 05, 2022
Wed	Jan 19, 2022	Wed	Feb 02, 2022
Wed	Feb 16, 2022	Wed	Mar 02, 2022
Wed	Mar 23, 2022	Wed	Apr 06, 2022
Wed	Apr 20, 2022	Wed	May 04, 2022
Wed	May 18, 2022	Wed	Jun 01, 2022
Wed	Jun 22, 2022	Wed	Jul 06, 2022
Wed	Jul 20, 2022	Wed	Aug 03, 2022
Wed	Aug 24, 2022	Wed	Sep 07, 2022
Wed	Sep 21, 2022	Wed	Oct 05, 2022
Wed	Oct 19, 2022	Wed	Nov 02, 2022
Mon	Nov 21, 2022	Wed	Dec 07, 2022
Tue	Dec 20, 2022	Wed	Jan 04, 2023

**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 2020)**

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 \$501.00 District Health fee	N/A	N/A
Administrative Review Medical Marijuana Establishment	\$1,250.00 deposit credited toward actual staff time **Not to exceed \$7,495** Plus \$501.00 District Health fee	N/A	N/A
Administrative Review Telecommunications Tower	\$1,250.00 deposit credited toward actual staff time **Not to exceed \$7,495** Plus \$501.00 District Health fee	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 \$846.00 District Health fee** \$10,000.00 deposit credited toward actual staff time **Plus \$500.00 noticing fee** **Plus \$846.00 District Health fee**	N/A	N/A
Comprehensive Plan Amendment	\$2,500.00	N/A	N/A
Development Agreement	\$1,900.00 plus \$120.00 per hour **Plus \$846.00 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 \$1,319 if served by sewer or \$2,906 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 \$1,319 if served by sewer or \$2,906 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 \$1,319 if served by sewer or \$2,906 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 \$501.00 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. All fees are due and payable at the time of submittal. Thank you.