

ADMINISTRATIVE REVIEW

APPLICATION INFORMATION

City of Sparks, Nevada

GENERAL:

An Administrative Review is required as a prerequisite to the issuance of business license, whenever a special use permit is not required, for certain commercial and industrial uses, including medical marijuana cultivation facilities, independent testing laboratories, and facilities for the production of edible marijuana products or marijuana-infused products. The purpose and intent of administrative review is to determine whether the proposed use will conform to the zoning ordinance, building and fire codes and other applicable ordinances and requirements of the city.

PRE-APPLICATION MEETING:

A pre-application meeting with the Community Services Department is **advisable** for any applicant intending to apply for an Administrative 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 Review application on an application deadline date. Please refer to the attached schedule for the Administrative 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 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 Review application and discuss concerns for approval, modifications, 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 REVIEW APPLICATION CHECKLIST

The following must be submitted for approval of an Administrative Review application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- 1. **APPLICATION FEE:** A check or money order payable to “City of Sparks” for the application fee. *This fee is due at the time the application is submitted. Once the application has been deemed complete by staff, the payment will be processed and a receipt will be mailed to the applicant.* See **FEE SCHEDULE** for correct amount. 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 “District Health Department” with your application. **This fee is due on the day the application is submitted. Please contact Washoe County District Health Department at (775) 328-2400 for correct amount.**

- 2. **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, documentation of that fact must be submitted. If the owner is not the applicant, the applicant shall submit the owner’s affidavit.

- 3. **Review Packets:** Ten (10) packets, each containing the following:
 - a. Development Application Form.
 - b. A scaled site plan clearly indicating the location, type and height of the proposed or existing building(s), driveways, parking, landscaping , adjacent roadways, alleys and/or easements, proposed means of access, and setbacks from property lines.
 - c. Floor plans of existing and/or proposed building(s).
 - d. Written narrative stating the reason for the proposed use. Describe why the site location was chosen and why the use should be located on this site.
 - e. Vicinity Map depicting the respective site and including surrounding roadways.
 - f. One packet containing the original signed owner’s affidavit shall be provided and shall be clearly labeled “Community Services Department Original.”
 - g. For Medical Marijuana Establishments, the supplemental information must be included. Refer to the attached Medical Marijuana Establishments Supplemental Information.

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.

City of Sparks Community Services Department
 2015 APPLICATION DATES
SITE PLAN REVIEW & ADMINSTRATIVE REVIEW

APPLICATIONS WILL ONLY BE ACCEPTED ON APPLICATION DEADLINE DATES

Application Deadline*			Plan Review Meeting		
Wed	Jan 21, 2015	4:00 PM	Wed	Feb 04, 2015	9:30 AM
Wed	Feb 18, 2015	4:00 PM	Wed	Mar 04, 2015	9:30 AM
Wed	Mar 25, 2015	4:00 PM	Wed	Apr 08, 2015	9:30 AM
Wed	Apr 22, 2015	4:00 PM	Wed	May 06, 2015	9:30 AM
Wed	May 20, 2015	4:00 PM	Wed	Jun 03, 2015	9:30 AM
Wed	Jun 24, 2015	4:00 PM	Wed	Jul 08, 2015	9:30 AM
Wed	Jul 22, 2015	4:00 PM	Wed	Aug 05, 2015	9:30 AM
Wed	Aug 19, 2015	4:00 PM	Wed	Sep 02, 2015	9:30 AM
Wed	Sep 23, 2015	4:00 PM	Wed	Oct 07, 2015	9:30 AM
Wed	Oct 21, 2015	4:00 PM	Wed	Nov 04, 2015	9:30 AM
Wed	Nov 25, 2015	4:00 PM	Wed	Dec 09, 2015	9:30 AM
Tue	Dec 22, 2015	4:00 PM	Wed	Jan 06, 2016	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.*

DEVELOPMENT APPLICATION

ACTION REQUESTED:

- Administrative Review
- Annexation
- Planned Development
- Rezoning
- Special Use Permit
- Tentative Subdivision Map
- Master Plan Amendment
- Site Plan Review
- Variance



CASE NUMBER:	FEE:
_____	\$ _____
Noticing Fee _____	\$ _____
TOTAL FEE:	\$ _____
Rec'd by: _____	Date: _____
(For Planning Department Use Only)	

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

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: _____

**FEE SCHEDULE FOR PLANNING DIVISION
(Effective April 28, 2014)**

APPLICATION TYPE	CITY OF SPARKS	DISTRICT HEALTH***	DIV. OF WATER RESOURCES	DIV. OF ENVIRON. PROT.
Annexation *	\$3,000.00 plus \$500.00 noticing fee	\$ 186.00	N/A	N/A
Master Plan Amendment	\$2,500.00	N/A	N/A	N/A
Area Plan	\$5,000.00 deposit credited toward actual staff time	N/A	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	\$186.00	Applies only if there is a tentative map/conformance review (See Tentative Map)	Applies only if there is a tentative map/conformance review (See Tentative Map)
Rezoning *	\$517.00 plus \$500.00 noticing fee	\$216.00	N/A	N/A
Site Plan Review	\$1,250 deposit credited toward actual staff time Not to exceed - \$7,495	\$362.00	N/A	N/A
Special Use Permit * Major	\$2,500 deposit credited toward actual staff time due *plus \$500.00 noticing fee / Not to exceed \$7,495 \$10,000.00 deposit credited toward actual staff time* *plus \$500.00 noticing fee	\$362.00	N/A N/A	N/A N/A
Temporary Use Permit	\$ 100.00	No Charge	N/A	N/A
Tentative Subdivision Map	\$22,800.00	Sewer Available \$450.00	\$150.00 + \$1.00/Lot	100.00 + 1.00/Lot
Review of expired Tentative Subdivision Map	\$1,250.00 deposit credited toward actual staff time Not to exceed - \$7,495	Sewer Available \$450.00	\$150.00 + \$1.00/Lot	100.00 + 1.00/Lot
Variance *	\$4,110.00 plus \$500.00 noticing fee	\$186.00	N/A	N/A
Development Agreement	\$1,900.00 plus \$120.00 per hour	N/A	N/A	N/A
Amendment to Dev. Agreement	\$88.00 per hour	N/A	N/A	N/A
Zoning Research	\$80.50 per hour	N/A	N/A	N/A
Administrative Review	\$1,250 deposit credited toward actual staff time Not to exceed - \$7,495	\$362.00		
Telecommunications Tower Administrative Review	\$755.00	N/A	N/A	N/A
Noticing Fee Additional Noticing Fee	\$500.00 \$142.00	N/A	N/A	N/A

Note: An asterisk (*) placed behind the application type indicates that a noticing fee is required.

*****Please contact Washoe County District Health for correct fee amount.**

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 20.41.075 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. For dispensaries, the public access area cannot be more than 2,500 square feet
 - 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 in compliance with the restricted hours in SMC
 - 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 written security plan for the operations of the facility including: safety for employees; transportation to and from the site; whether on-site security will be provided; disposal of remnants, bi-products and other waste materials; and storage of marijuana and/or products.
- 7. 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.