

**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 (in collated sets):
 - 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. Please fold oversized drawings-No oversized rolls.**
 - 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
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. _____ %

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: _____

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: _____
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
 2020 APPLICATION DATES
ADMINISTRATIVE PLAN REVIEW

APPLICATIONS WILL ONLY BE ACCEPTED ON APPLICATION DEADLINE DATES

Application Deadline*			Plan Review Meeting		
Wed	Jan 22, 2020	4:00 PM	Wed	Feb 05, 2020	9:30 AM
Wed	Feb 19, 2020	4:00 PM	Wed	Mar 04, 2020	9:30 AM
Wed	Mar 25, 2020	4:00 PM	Wed	Apr 08, 2020	9:30 AM
Wed	Apr 22, 2020	4:00 PM	Wed	May 06, 2020	9:30 AM
Wed	May 20, 2020	4:00 PM	Wed	Jun 03, 2020	9:30 AM
Wed	Jun 24, 2020	4:00 PM	Wed	Jul 08, 2020	9:30 AM
Wed	Jul 22, 2020	4:00 PM	Wed	Aug 05, 2020	9:30 AM
Wed	Aug 19, 2020	4:00 PM	Wed	Sep 02, 2020	9:30 AM
Wed	Sep 23, 2020	4:00 PM	Wed	Oct 07, 2020	9:30 AM
Wed	Oct 21, 2020	4:00 PM	Wed	Nov 04, 2020	9:30 AM
Mon	Nov 23, 2020	4:00 PM	Wed	Dec 09, 2020	9:30 AM
Mon	Dec 21, 2020	4:00 PM	Wed	Jan 06, 2021	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 2019)**

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 \$489.00 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 \$489.00 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 \$825.00 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 \$825.00 District Health fee** \$10,000.00 deposit credited toward actual staff time **Plus \$500.00 noticing fee** **Plus \$825.00 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 \$825.00 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 \$1,285 if served by sewer or \$2,832 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 \$1,285 if served by sewer or \$2,832 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 \$1,285 if served by sewer or \$2,832 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 \$489.00 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.