



OFFICE  
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HOURS  
Mon. Wed. Thurs. Fri  
9 am-12 pm/1 pm-4 pm  
Closed Tuesday

New Applications Until 3:00 pm

## REQUEST FOR ADMINISTRATIVE DETERMINATION

Summary Of Request: \_\_\_\_\_  
\_\_\_\_\_

**Applicant** \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Representative or Agent** \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Owner** \_\_\_\_\_  Same as Applicant  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

**Project Location/Assessor's Parcel Number (APN)** \_\_\_\_\_  
Street Address \_\_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
County \_\_\_\_\_ Previous APN \_\_\_\_\_  
(if changed by county assessor since 1987)

**Description Of Request:** Explain your request with an attached letter. Please write legibly and explain your request fully. Attach any supporting or background documents that would be necessary or helpful to TRPA in responding to the request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**History Of Property And/Or Project** (List any deed restrictions, easements or other restrictions):  None  
\_\_\_\_\_ (initial here): I hereby declare under penalty of perjury that all property restrictions and easements have been fully disclosed.

\_\_\_\_\_  
\_\_\_\_\_

**Prior Approvals** (List any prior CTRPA/TRPA approvals/permits for the subject property):  None  
Description: \_\_\_\_\_ TRPA File No: \_\_\_\_\_ Date: \_\_\_\_\_  
Description: \_\_\_\_\_ TRPA File No: \_\_\_\_\_ Date: \_\_\_\_\_

**DECLARATION:**

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate to the best of my knowledge. I am the owner of the subject property, or have been authorized in writing by the owner(s) of the subject property to represent this application, and I have obtained authorization to submit this application from any other necessary parties holding an interest in the subject property. I understand it is my obligation to obtain such authorization, and I further understand that TRPA accepts no responsibility for informing these parties or obtaining their authorization. I understand that should any information or representation submitted in connection with this application be inaccurate, erroneous, or incomplete, TRPA may rescind any approval or take other appropriate action. I hereby authorize TRPA to access the property for the purpose of site visits. I understand that additional information may be required by TRPA to review this project. (Edited 7/10)

I understand that I am responsible for all fees set forth in the TRPA Filing Fee Schedule (including cost recovery, filing fees and deposit accounts) associated with this application.

Signature: **(Original signature required.)**

\_\_\_\_\_ At \_\_\_\_\_ Date: \_\_\_\_\_  
Person Preparing Application County

**AUTHORIZATION FOR REPRESENTATION (Original signatures required):**

The following person(s) own the subject property (Assessor's Parcel Number(s) \_\_\_\_\_) or have sufficient interest therein to make application to TRPA:

Print Owner(s) Name(s):

\_\_\_\_\_  
\_\_\_\_\_

I/We authorize \_\_\_\_\_ to act as my/our representative in connection with this application to TRPA for the subject property and agree to be bound by said representative. I understand that additional information may be required by TRPA beyond that submitted by my representative to review this project. Any cancellation of this authorization shall not be effective until receipt of written notification of same by TRPA. I also understand that should any information or representation submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further accept that if this project is approved, I, as the permittee, will be held responsible for any and all permit conditions.

Owner(s) Signature(s): **(Original signature required.)**

\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Initial Filing Fee: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_

Per the TRPA Filing Fee Schedule, additional costs/fees may apply

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_