



OFFICE
128 Market St.
Stateline, NV

Phone: (775) 588-4547
Fax: (775) 588-4527

MAIL
PO Box 5310
Stateline, NV 89449-5310

www.trpa.org

HOURS
Monday-Friday
9:00 am-5:00 pm
New Applications Until 4:00 pm

trpa@trpa.org

REQUEST FOR ADMINISTRATIVE DETERMINATION / LEGAL OPINION

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

Prior Approvals (List any prior CTRPA/TRPA approvals/permits for the subject property): None ([go to file search](#))
Description: _____ TRPA File No: _____ Date: _____
Description: _____ TRPA File No: _____ Date: _____

DECLARATION:

I hereby authorize TRPA to access the property for the purpose of site visits. I hereby declare under penalty of perjury that this application and all information submitted as part of this application are true and accurate to the best of my knowledge. I am the owner of the subject property or I have been authorized in writing by the owner(s) of the subject property to represent this application and understand that should any information or representation be submitted in connection with this application be incorrect or untrue, TRPA may rescind any approval or take other appropriate action. I further understand that additional information may be required by TRPA to review this project.

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: _____

Fee: \$ _____ Receipt No: _____

Comments: _____

