



OFFICE
128 Market St.
Stateline, NV
Phone: (775) 588-4547
Fax: (775) 588-4527
www.trpa.org

MAIL
PO Box 5310
Stateline, NV 89449-5310
trpa@trpa.org

HOURS
HOURS
Mon, Wed, Thurs,
Fri 9am-noon &
1pm-4pm
Closed
Tuesday

PROJECT REVIEW APPLICATION

- NEW APPLICATION**
 PLAN REVISION
 NEW DEVELOPMENT
 REMODEL/ADDITION/REBUILD
- | | | |
|--|---|--|
| <input type="checkbox"/> Single Family Residential Addition/Modification | <input type="checkbox"/> Tourist Accommodation | <input type="checkbox"/> Allocation Assignment |
| <input type="checkbox"/> New Single Family Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Banking/Verification of Coverage and Uses | <input type="checkbox"/> Public Service Facility | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Multi-Family Residential | <input type="checkbox"/> Linear Public Service Facility | <input type="checkbox"/> Lot Line Adjustment/ROW Abandonment |
| <input type="checkbox"/> Shorezone and/or Lakezone | <input type="checkbox"/> Recreation | <input type="checkbox"/> Subdivision of Existing Structures |
| <input type="checkbox"/> Transfer of Bankable Rights | <input type="checkbox"/> Resources | <input type="checkbox"/> Environmental Review Document |

Applicant _____

Mailing Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Representative or Agent _____

Mailing Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Owner _____ Same as Applicant

Mailing Address _____ City _____ State _____

Zip Code _____ Email _____ Phone _____

Assessor's Parcel Number (APN)/Project Location _____

Street Address _____ Subdivision _____ Lot # _____

County _____ Previous APN _____

(if changed by county assessor since 1987)

Brief Description of Project:

Plan Area Statement or Community Plan: _____

Bicycle and Pedestrian Facilities: Are there existing or proposed public bicycle or pedestrian path(s) within 75 feet of the project area (bike paths, lanes, routes, or sidewalks)? Yes No

Property Restrictions/Easements: (List any deed restrictions, easements and 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 TRPA/CTRPA approvals/permits for the subject property) None

Description: _____ TRPA File #: _____ Date: _____

Description: _____ TRPA File #: _____ 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.

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 _____ On _____
Person Preparing Application County Date

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 TRPA OFFICE USE ONLY

Received Date: _____ By: _____

File No.: _____ Initial Fee \$: _____ Receipt No.: _____

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

Comments: