

**CONDITIONAL USE PERMIT APPLICATION  
PURSUANT TO ELKO COUNTY CODE  
TITLE 4, CHAPTER 9**

**Elko County Planning, Zoning, Building & Safety Division**  
155 South 9th Street, Elko, NV 89801  
(775) 738-6816 or 738-2266

FOR PLANNING STAFF USE ONLY		
APPLICATION #:		
REQUIREMENTS CHECK LIST	YES	NO
COPY OF LEGAL DESCRIPTION INCLUDED		
COPY OF SITE OR PLOT PLAN INCLUDING TOPOGRAPHY FOR SLOPES OVER 8%		
COPY OF RECORDED MAP INCLUDED (IF APPLICABLE)		
COPY OF U.S.G.S. QUAD MAP OF THE VICINITY INCLUDING TOPOGRAPHY		
COPY OF OWNER'S AFFIDAVIT(S) INCLUDED		
APPLICATION RETURNED AS INCOMPLETE BY STAFF	INITIALS	
WRITTEN RESPONSE FROM COMMITTEE OF ARCHITECTURE IF APPLICABLE:		
DATE ACCEPTED:		
STAFF:		

**A FILING FEE OF \$400.00 MUST ACCOMPANY THIS APPLICATION, THIS FEE IS NON-REFUNDABLE REGARDLESS OF THE DECISION(S) OF THE ELKO PLANNING COMMISSION AND OR THE ELKO COUNTY BOARD OF COMMISSIONERS.**

**APPLICANT(S) Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_

**ASSESSOR'S PARCEL No(s):** \_\_\_\_\_  
(attach filed map if available)

**LOCATION / LEGAL DESCRIPTION:** \_\_\_\_\_

**PROPERTY OWNER(S) (if other than applicant):** \_\_\_\_\_

**CURRENT ZONING OF THIS LAND:** \_\_\_\_\_

**CONDITIONAL USE BEING APPLIED FOR:** \_\_\_\_\_

**Applicable Regulations: Title** \_\_\_\_\_ **Chapter** \_\_\_\_\_ **Section** \_\_\_\_\_

**SPECIFY EXACT NATURE OF BUSINESS, ACTIVITY, OR LAND USE IF THIS CONDITIONAL USE PERMIT IS GRANTED FOR THIS APPLICATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**→ MANDATORY INFORMATION REQUIREMENTS ←**

**THIS APPLICATION WILL NOT BE ACCEPTED OR PROCESSED WITHOUT THE FOLLOWING INFORMATION:**

1. IF PROPERTY DESCRIPTION INCLUDES A REFERENCE TO A MAP FILED IN THE OFFICE OF THE ELKO COUNTY RECORDER, PROVIDE 1 COPY OF SAID MAP WITH THIS APPLICATION.
2. METES AND BOUNDS, OR OTHER LEGAL DESCRIPTION OF LAND TO WHICH THE CONDITIONAL USE PERMIT WOULD APPLY (INCLUDING SECTION, TOWNSHIP, AND RANGE) WITH AN ACCOMPANYING MAP.
3. APPLICANT WILL PROVIDE 1 COPY OF A VICINITY MAP, A U.S.G.S. QUAD MAP WITH TOPOGRAPHY.
4. COPY OF MOST CURRENT DEED PERTAINING TO PROPERTY.

**PLEASE RESPOND TO THE FOLLOWING STATEMENTS AS RELATED TO YOUR CONDITIONAL USE APPLICATION:  
(attach separate pages if needed)**

**A.** How will the proposed activity be considered necessary, desirable and interact with the other uses in the neighborhood? \_\_\_\_\_

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**B.** Describe the impact this application will have upon the streets/highways or roads in the area. \_\_\_\_\_

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**C.** Explain how the property will be accessed, or what access currently exists. \_\_\_\_\_

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**D.** Explain any negative or positive impacts that the proposed may have upon the health, safety and general welfare of the individuals working or living in the vicinity? \_\_\_\_\_

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**E.** Provide a copy of a plot plan, parcel map, subdivision map, record of survey or any other map showing the exact location of the proposed conditional use legal description and any development.

**F.** By signing and notarizing this application the applicant agrees to provide all information required herein. The applicant also understands that should this required information not be provided with the application it may be returned as incomplete and will not proceed to the Planning Commission until such time the information is provided.

# OWNER'S AFFIDAVIT

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

I / we, \_\_\_\_\_ being duly sworn, depose

PLEASE PRINT NAME(S)

and state that I am the owner of the property herein described in the application, and that I / we consent to the filing of this petition.

Signed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed the same.

\_\_\_\_\_  
Notary Public in and for said County and State

## OPTIONAL USE

**I / we further confirm that I / we have given \_\_\_\_\_ the authority to act on our behalf, in the matter of this particular request to be heard by the Elko County Planning Commission, and Board of County Commissioners if applicable.**

**ELKO COUNTY WILL NOTIFY THE OWNERS OF THE THIRTY CLOSEST PARCELS OF THE LAND INDICATED ON THIS APPLICATION BY MAIL AS TO THIS APPLICATION AND DATE OF THE PUBLIC MEETING FOR THE CONDITIONAL USE PERMIT REQUEST.**

**ANY ERRORS IN THE LEGAL DESCRIPTION, INFORMATION OR MAPS PROVIDED, MAY NULLIFY THE GRANTING OF A CONDITIONAL USE PERMIT.**

**THE ATTACHED OWNER'S AFFIDAVIT SHALL BE COMPLETE, PROPERLY SIGNED AND NOTARIZED.**

**ALL REQUIRED INFORMATION MUST BE ATTACHED TO THIS APPLICATION, BEFORE THE ITEM WILL BE PLACED ON THE PLANNING COMMISSION AGENDA.**

## OFFICE STAFF USE ONLY

ELKO COUNTY PLANNING & ZONING STAFF NAME \_\_\_\_\_

FEE PAID BY \_\_\_\_\_ CASH, \_\_\_\_\_ CHECK, CHECK NO. \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE: \_\_\_\_\_

HTE Data Entry Date & Initial \_\_\_\_\_ HTE Fee Recieved Data & Initial, \_\_\_\_\_

# Planning, Zoning, Building & Safety

## Conditional Use Permit Information Data Form

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ELKO COUNTY HAS WITHIN ITS ADOPTED CODES, ZONING ORDINANCE AND OTHER DEVELOPMENT CRITERIA. VARIOUS REQUIREMENTS, PROVISIONS, INTENDED PURPOSES, SPECIFICATIONS, FEES, VIOLATIONS, AND PENALTIES ARE SET FORTH THEREIN.

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If you have questions or need assistance please contact  
**Planning, Zoning, Building & Safety Division**  
(775) 738-6816 or 738-2266, Extension No. 3, 4 or 6  
155 South 9th Street, Elko, NV 89801

Provide the following information, mandatory for all applications requiring public review and hearings. Answer the following questions thoroughly. If questions do not apply to your project or proposal, indicate so by "NA" or checking "NO". **Use additional pages as necessary.**

### I. PROJECT DESCRIPTION:

Project or Applicant Name: \_\_\_\_\_

#### ***For Commercial or Industrial Uses:***

***a. Type of Business / Request:*** \_\_\_\_\_

***b. Hours of Operation:*** \_\_\_\_\_

***c. Days of Operation:*** \_\_\_\_\_

***d. Anticipated Number of Customers per day:*** \_\_\_\_\_

***e. Anticipated Number of Deliveries / Pickups per day:*** \_\_\_\_\_

***f. Anticipated Company Vehicles / number and type:*** \_\_\_\_\_

***g. Number of parking spaces available:*** \_\_\_\_\_

h. Existing Building \_\_\_\_\_ Proposed New Building \_\_\_\_\_

i. Total floor space of existing or proposed building: \_\_\_\_\_

j. Parcel / lot square footage and/or acres : \_\_\_\_\_

k. Building height / number of stories: \_\_\_\_\_

l. Total size of property and/or area of project: \_\_\_\_\_

m. Additional Information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## II. SPECIAL DEVELOPMENT INFORMATION:

PLEASE BE AWARE THAT IF YOU MAKE ANY INACCURATE STATEMENTS FILLING OUT THIS SUPPLEMENTAL INFORMATION FORM, THAT INFORMATION COULD BE USED IN THE STAFF REPORT .

If **YES** is answered to **ANY** of the following questions please provide an explanation on Page 8 or on a separate page.

	YES	NO
1. Development, construction or grading on steep slopes.		
2. Will require extensive earth work or grading.		
3. Development or construction on fill or expansive soils.		
4. Will be altering the course of any drainage or waterway.		
5. Will cause an increase in: ash, dust, smoke, fumes or odor to the area or surrounding properties.		
6. Proposed project is located on lands that periodically flood or is totally or partially within a flood zone. If yes, provide Flood Zone Designation.		
7. Will cause the loss of wetland or waterway vegetation.		
8. Will create the reduction of agricultural lands, crop lands or agricultural soils.		
9. Will require the removal of trees or large amounts of brush.		
10. Will cause an increase in noise or vibration on or off-site.		
11. Is substantially different in size or character from existing development patterns of the area.		
12. A notice of violation or citation has been issued concerning this property or project.		
13. Will create a substantial increase in energy / resource use.		
14. Will cause a loss of existing housing units.		
15. Will cause an increase in housing units.		
16. Will substantially increase vehicular traffic to the area.		
17. Involve the use of: a) toxic or hazardous materials, b) highly flammable materials, c) explosives.		
18. Will introduce the risk of an explosion or the release of hazardous substances in the event of an accident.		
19. Will expose public to untreated or partially treated sewage or chemical pollution.		
20. Will require outdoor areas illuminated at night		
21. Will change the scenic view from existing: a) residential areas, b) public lands, c) roadways.		
22. Will involve possible archaeological or historical significant areas.		
23. Will involve development on more than one parcel of land.		
24. This project is part of a speculated or proposed series of future projects.		

	YES	NO
25. This project is located within one (1) mile of the Incorporated City limits of the City of _____.		
26. If so has the City Council, Planning Commission or Staff been notified of this proposal?		
27. Are the Incorporated City comments attached to this application?		
28. This project is located within the un-incorporated town or community of _____.		
29. If so has the town or community advisory board has been notified of this proposal.		
30. Are the un-incorporated town or community comments attached to this application?		
31. There are known written or verbal subdivision (CC&R's) (DOR's) restrictions attached to this property. If yes attach a current copy to this application.		
32. This application has been submitted to the applicable architectural review committee, if required.		
32a. If yes, then attach a copy of letter of approval to this application.		
33. The applicant/developer has contacted adjacent property owners about the possible subdivision of this property.		
34. The applicant/developer is aware of any prior Elko County Planning Commission or Elko County Commissions actions against the development of this property.		
35. There is currently a lawsuit pending that will impact this property . If so, please provide the case number and names of the parties involved in the lawsuit.		
36. There is currently a lawsuit pending on properties adjacent to this property that will impact access or have other impacts upon this property. If so, please provide the case number and names of the parties involved in the lawsuit.		
<b>FOR ZONE CHANGES ONLY</b>		
<b>37. THIS IS A ZONE CHANGE APPLICATION TO CHANGE FROM OS (OPEN SPACE) TO SL (SPECIAL LANDS) IF THE ANSWER IS YES, PLEASE ANSWER THE FOLLOWING QUESTIONS.</b>		
<b>38. DOES THIS LAND CURRENTLY MEET THE AGRICULTURAL LAND CLASSIFICATION AND IS "AGRICULTURALLY DEFERRED" FOR TAX PURPOSES?</b>		
<b>39. IS THIS LAND MORE THAN 40 ACRES IN SIZE?</b>		
<b>40. IS THIS LAND <u>CURRENTLY BEING USED FOR AGRICULTURAL PURPOSES?</u></b>		
<b>41. DESCRIBE THE LANDS ON ALL FOUR (4) SIDES OF THIS PROPERTY, INCLUDING USES AND ZONING. ( USE ANOTHER SHEET OF PAPER IF NEEDED)</b>		
<b>42. EXPLAIN WHY THIS LAND SHOULD BE CHANGED TO SPECIAL LANDS. WHAT MAKES IT APPROPRIATE FOR SUCH ZONING? (USE ANOTHER SHEET OF PAPER IF REQUIRED)</b>		



