



CITY OF ELKO PLANNING DEPARTMENT

1751 College Avenue * Elko * Nevada * 89801

(775) 777-7160 * (775) 777-7219 fax

APPLICATION FOR PARKING WAIVER

APPLICANT(s): _____
MAILING ADDRESS: _____
PHONE NO. (Home) _____ (Business) _____
NAME OF PROPERTY OWNER (If different): _____
(Property owner consent in writing must be provided.)
MAILING ADDRESS: _____
ADDRESS AND LOCATION OF PROPERTY INVOLVED (Attach if necessary):

ASSESSOR PARCEL NO(S): _____
APPLICANT'S REPRESENTATIVE OR ENGINEER: _____

FILING REQUIREMENTS

Complete Application Form: In order to begin processing the application, an application form must be complete and signed. *Complete* applications are due at least 21 days prior to the next scheduled meeting of the Elko City Planning Commission (meetings are the 1st Tuesday of every month).

Fee: A \$50.00 non-refundable fee.

Plot Plan: A plot plan provided by a properly licensed surveyor depicting the existing condition drawn to scale showing property lines, existing and proposed buildings, building setbacks, distances between buildings, parking and loading areas, driveways and other pertinent information that shows the use will be compliant with Elko City Code.

Note: One .pdf of the entire application must be submitted as well as one set of legible, reproducible plans 8 ½" x 11" in size. If the applicant feels the Commission needs to see 24" x 36" plans, 10 sets of pre-folded plans must be submitted.

Other Information: The applicant is encouraged to submit other information and documentation to support this conditional use permit application.

1. APPLICANT requests a waiver of the parking requirements as described below: _____

2. Identify any special circumstances, features or conditions applying to the property under consideration. _____

3. Indicate how the granting of the parking waiver will not result in prejudice to other properties in the vicinity nor be detrimental to the public health, safety and general welfare. _____

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(Use additional pages if necessary to address questions)

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By My Signature below:

I consent to having the City of Elko Staff enter on my property for the sole purpose of inspection of said property as part of this application process.

I object to having the City of Elko Staff enter onto my property as a part of their review of this application. (Your objection will not affect the recommendation made by the staff or the final determination made by the City Planning Commission or the City Council.)

I acknowledge that submission of this application does not imply approval of this request by the City Planning Department, the City Planning Commission and the City Council, nor does it in and of itself guarantee issuance of any other required permits and/or licenses.

I acknowledge that this application may be tabled until a later meeting if either I or my designated representative or agent is not present at the meeting for which this application is scheduled.

I have carefully read and completed all questions contained within this application to the best of my ability.

Applicant / Agent _____
(Please print or type)

Mailing Address _____
Street Address or P.O. Box

City, State, Zip Code

Phone Number: _____

Email address: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

File No.: _____ **Date Filed:** _____ **Fee Paid:** _____
