Medical Marijuana Establishment Application Information

General:

An Administrative Plan Review may be required as a prerequisite to the issuance of building permits, whenever a conditional use permit is not required, for commercial and industrial building additions, for new multiple-family residential, new commercial or industrial construction, wireless facilities, the enlargement of a nonconforming use, for outdoor storage, and for the establishment of a marijuana use such as a dispensary, in the City of Sparks. The purpose and intent of an Administrative Plan Review is to determine whether the proposed use, building, structure addition or change to any building, structure or use will conform to the zoning ordinance, building and fire codes and other applicable ordinances and requirements of the city. An Administrative Plan Review shall ensure the development of an aesthetically acceptable and well-ordered community serving the interests of public health, safety, and general welfare.

Pre-Application Meeting:

A pre-application meeting with the Community Services Department is advisable for any applicant seeking to apply for an Administrative Plan Review in the City of Sparks. Information on scheduling a pre-application meeting is available by contacting the Community Services Department.

Application and Review Procedure:

1. The applicant may choose to attend a pre-application meeting with the Community Services Department.
2. The applicant submits a complete Administrative Plan Review application on an application deadline date. Please refer to the **attached schedule** for the Administrative Plan Review application submittal dates.
3. The Community Services Department reviews the submitted application for completeness. If the application is deemed complete, preliminary comments and a virtual Plan Review Meeting link will be sent to the applicant two days prior to the scheduled Plan Review Meeting. Please see the attached schedule that identifies scheduled Plan Review Meetings based on the date applications are received.
4. The applicant attends the **required** Plan Review Meeting to discuss their proposed Administrative Plan Review application. At the Plan Review Meeting, the applicant and city staff will review the application, discuss supplemental information and/or revisions needed to process the application, and discuss concerns for denial and/or conditions of approval. If supplemental application information and/or revisions are requested by staff, then the applicant must provide it following the Plan Review Meeting.
5. After the Plan Review Meeting, the applicant will be able to address comments and upload any supplemental application information requested through the Accela Citizen Access online portal. After staff has reviewed responses and revisions and/or supplemental information, a decision letter will be mailed to the applicant. **Staff will make every effort to ensure that applications maintain the Plan Review Meeting schedule included in this application packet.**

ADMINISTRATIVE PLAN REVIEW

Application Requirements:

The following items shall be submitted as a part of the Administrative Review application. Applications must be submitted online using Accela Citizen Access. Please see the instructions to submit a planning application using Accela Citizen Access.

- ☐ Northern Nevada Public Health Application Fee. An additional fee is assessed by Northern Nevada Public Health for review of your application. Payment is accepted online through the Accela Customer Access Portal or can be made by check or money order payable to the "City of Sparks." All fees are due within two days of application submittal. (The City of Sparks receives fees on behalf of Northern Nevada Public Health) See **FEE SCHEDULE** for correct amount.
- ☐ Application Fee. Payment for the application fee is accepted online through the Accela Customer Access Portal or can be made by check or money order payable to the "City of Sparks" within two days of application submittal. The application fee is deposits against which staff bills time and materials. At the end of review and approval, there could be a refund or balance due. See **FEE SCHEDULE** for correct amount.
- ☐ Signed owner's and applicant affidavit. If the person signing the owner's affidavit is not listed as the property owner in the most recent records of the Washoe County Assessor, proof of ownership acceptable to the administrator must be submitted with the application. If the signer is an agent of the owner, written documentation of that fact acceptable to the administrator must be submitted. If in Corporate ownership, a list of all Corporate Officers must be provided. Signatures must be original.
- ☐ City of Sparks Development Application
- ☐ Completed Residential or Non-Residential Project Data Sheet
- ☐ Project of Regional Significance Checklist
- ☐ Vicinity Map depicting the respective site and including surrounding roadways.
- ☐ Written documentation addressing:
  - I. A description of the Administrative Review request; and
  - II. An analysis of SMC 20.05.007(F) approval criteria.
- ☐ A detailed landscape and irrigation plan with plant materials, sizes and quantities clearly labeled. The total percent of the site that is proposed to be landscaped shall be provided.
- ☐ Traffic Study: A traffic study prepared by a Nevada licensed traffic engineer for any project which will generate more than 80 peak hour trips. If the project will generate less than 80 peak hour trips, please submit a trip generation letter prepared by a state of Nevada licensed traffic engineer for documentation of the trips anticipated to be generated.
- ☐ Are there any existing structures on the proposed site? If yes, please include a dimensioned site plan, pictures of existing buildings, and any additional information that would be helpful to illustrate the existing use of the site. All plans shall be drawn to standard architectural or engineering scale and shall include a north arrow.

ADMINISTRATIVE PLAN REVIEW

☐ Is a new structure proposed at the existing site? If yes, the following must be submitted:

I. A dimensioned site plan which includes the new structure, setbacks to property lines, easements, and any additional information that would be helpful to illustrate the proposed use of the site.

II. Four-sided architectural building elevations with colors and materials clearly labeled.

III. Floor plans

IV. A detailed landscape and irrigation plan with plant materials, sizes and quantities clearly labeled. The total percent of the site that is proposed to be landscaped shall be provided.

☐ Is outdoor storage proposed on the site? If yes, please include a dimensioned site plan which includes the proposed outdoor storage location, distance to property lines, easements, and any additional information that would be helpful to illustrate the proposed use of the site.

☐ Is the project site 20 acres in size or larger? If yes, all 20 or more-acre development projects must demonstrate the project is fiscally positive to the city for a period of at least 20 years.

NOTE: The application materials required above serve as a short list of necessary material. A complete list of required application materials as outlined in the Sparks Zoning Code – Title 20.

The Community Services Department may also request additional application materials specific to the nature of the request be submitted.

ADMINISTRATIVE PLAN REVIEW

City of Sparks Development Application

Action Requested:

☐Administrative Review- New Construction ☐Administrative Review- MME

☐ Administrative Review- Outdoor Storage ☐Administrative Review- Wireless Communications

General Information:

Project Name- _____

Project Description-_____

Property Information:

Project Address:_____

Parcel No. (APN):_____ Property Size:_____

Existing Zoning:_____ Proposed Zoning:_____

Master Planned Land Use:_____ Existing Use:_____

Surrounding Uses:

North: _____ East:_____

South:_____ West:_____

Contact Information:

*Property Owner**

Name:_____

Address:_____

City/State/Zip:_____

Phone Number:_____

Contact Person:_____

Email Address:_____

ADMINISTRATIVE PLAN REVIEW

*Applicant**

Name:_____

Address:_____

City/State/Zip:_____

Phone Number:_____

Contact Person:_____

Email Address:_____

Person/Firm Preparing Plans

Name:_____

Address:_____

City/State/Zip:_____

Phone Number:_____

Contact Person:_____

Email Address:_____

Notes:

1. If a corporation, please attach a list of corporate officers.
2. If a partnership, please list all general partners.
3. Affidavits must be signed by both the property owner and the developer/lessee and notarized before the application is submitted
4. The City of Sparks application process requires that the property owner authorize the applicant to request development related applications. Development approvals remain with the land; therefore, the property owner is always responsible for any activity on the property.

Affidavits:

Owner Affidavit:

I,_____being duly sworn, depose and say that I am an owner of property / authorized agent involved in this petition and that I authorize_____to request development related applications on my property. I also give permission for site visitation by the Planning Commission, City Council and City staff.

Name:

Title:

Signature: _____

STATE OF NEVADA)

) SS

COUNTY OF WASHOE)

On this _____ day of _____, 20___,

_____(name) personally appeared before me, a Notary Public in and for said County and State, known to me to be the owner/authorized agent of the above property who acknowledged to me that they are authorized to and did execute the above instrument on behalf of said application.

_____

Notary Public

ADMINISTRATIVE PLAN REVIEW

Applicant Affidavit:

I,_____ being duly sworn, depose and say that I am the applicant involved in this petition and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I also give permission for site visitation by the Planning Commission, City Council and City staff.

Name:

Title:

Signature: _____

STATE OF NEVADA)

) SS

COUNTY OF WASHOE)

On this _____ day of _____, 20___,

_____(name) personally appeared before me, a Notary Public in and for said County and State, known to me to be the owner/authorized agent of the above property who acknowledged to me that they are authorized to and did execute the above instrument on behalf of said application.

_____

Notary Public

Residential Project Data Sheet

1. Number of Dwelling Units:
    a. Single Family Detached:_____
    b. Duplexes:_____
    c. Multi-family Attached:_____
2. Site Area Breakdown:
    a. Lots or Buildings: _____Ac. _____%
    b. Public Right-of-Way: _____Ac. _____%
    c. Common Area: _____Ac. _____%
    d. Total: _____Ac. _____%
3. Gross Density: (Total # of Dwellings/Total Area= Gross Density in Acres (DU/AC))
    a. _____ /_____ = _____
4. Schools Serving Project:
    a. Elementary School:_____
    b. Middle School:_____
    c. High School:_____
5. Estimated Sewage to be Generated:
    a. _____ GPD (Attach Calculations)
6. Traffic:
    a. Average Daily Trips:_____
    b. Peak Hour Trips:_____
    (Attach Calculations)
7. Flood Hazard:
    a. Portion of site subject to inundation by 100-year flood:_____Ac. _____%
8. Estimated Water Demand (Attach Calculations):
    a. Domestic: _____AFY
    b. Irrigation: _____AFY
    c. Total: _____AFY
    d. Source of water supply:
9. Lot Sizes:
    a. _____Sq. Ft. minimum (corner)
    b. _____Sq. Ft. minimum (interior)
    c. _____Sq. Ft. maximum
    d. _____Sq. Ft. average

10. Minimum Building Setbacks:
    a. _____Feet (Front Property Line to Dwelling)
    b. _____Feet (Front Property Line to Garage)
    c. _____Feet (Exterior Side Property Line to Dwelling)
    d. _____Feet (Interior Side Property Ling to Dwelling)
    e. _____Feet (Rear Property Line to Dwelling)
11. Portion of Site within the Following Slope Categories:
    a. 0%-10%:_____Ac. _____%
    b. 10%+:_____Ac. _____%
12. Unit Sizes:
    a. _____Sq. Ft._____Bedrooms
    b. _____Sq. Ft._____Bedrooms
13. Maximum Building Height:
    a. _____Feet _____Stories
14. Coverage of Lot by Structure:
    a. Maximum _____%
15. Single Family & Two-Family Parking:
    a. SF Detached_____ x1 per bdrm=_____
    b. 2 dwelling (duplex) _____x1 per bdrm=_____
16. Multi-Family Parking:
    a. Multi-Family _____x 1 per dwelling unit = _____
    b. Live/work _____x 1 per dwelling unit =_____
    c. Boarding/rooming house _____x 0.5 per bdrm =_____
    d. Group home _____square footage / 400 sf = _____
17. Life Care Housing:
    a. _____Square footage/ 400 sf = _____
18. Number of Affordable Units:
    a. 80% AMI or below: _____
    b. 60% AMI or below:_____
    c. 30% AMI or below:_____

ADMINISTRATIVE PLAN REVIEW

Non-Residential Project Data Sheet

1. Site Area Breakdown:
    a. Building Coverage: _____Ac. _____%
    b. Landscaped Area: _____Ac. _____%
    c. Paved Area: _____Ac._____%
    d. Undeveloped Area: _____Ac. _____%
    e. Public Right-of-Way: _____Ac. _____%
    f. Total: _____Ac. _____%
2. Existing Building Information:
    a. Description:_____
    Floor Area: _____Sq. Ft. Height: _____Feet
    Type of Construction:_____
    b. Description:_____
    Floor Area: _____Sq. Ft. Height: _____Feet
    Type of Construction:_____
3. Floor Area Ratio: (Total Floor Area (Sq. Ft.)/ Net Site Area (Sq. Ft.) = Floor Area Ratio)
_____ / _____ = _____
4. Description of Proposed Use: _____
_____
_____
_____
5. Outdoor Uses:
    a. Outdoor Storage: ☐Yes ☐No
    b. Outdoor Processing: ☐Yes ☐No
    c. Staging/Loading of Trucks: ☐Yes ☐No
6. Estimated Water Demand (Attach Calculations):
    a. Domestic: _____AFY
    b. Irrigation: _____AFY
    c. Total: _____AFY
    d. Source of water supply:_____
7. Traffic (Attached Calculations):
    a. Average Daily Trips: _____Trips
    b. Peak Hour Trips: _____Trips
8. Estimated Sewage to be Generated:
    a. _____GPD (Attach Calculations)
9. Hazardous Materials:
    a. Will the use on this site involve the use of hazardous materials? ☐Yes ☐No

10. Building Area Breakdown and Parking Calculations:

Auto Repair/ Service	_____	1 per 500 Sq. Ft.	=	_____	Spaces
Child Care	_____	1 per 350 Sq. Ft.	=	_____	Spaces
Church	_____	1 per 150 Sq. Ft.	=	_____	Spaces
Financial	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Gaming Establishment	_____	1 per 100 Sq. Ft. + 1 per 300 Sq. Ft. for Accessory uses	=	_____	Spaces
Health Club	_____	1 per 150 Sq. Ft.	=	_____	Spaces
Hospitals	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Hotel/Motel	_____	1 per guest room	=	_____	Spaces
Life Care	_____	1 per 400 Sq. Ft.	=	_____	Spaces
Manufacturing	_____	1 per 2000 Sq. Ft.	=	_____	Spaces
Medical/ Clinic	_____	1 per 500 Sq. Ft.	=	_____	Spaces
Office	_____	1 per 800 Sq. Ft.	=	_____	Spaces
Personal Service	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Recreational Facility	_____	1 per 200 Sq. Ft.	=	_____	Spaces
Restaurant/ Bar	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Retail	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Sale of Bulky Goods	_____	1 per 400 Sq. Ft.	=	_____	Spaces
School, Elementary	_____	1 per classrm+ 1 per 100 students	=	_____	Spaces
School, Middle	_____	2 per classrm+ 1 per 100 students	=	_____	Spaces
School, High	_____	1 per 1.5 students+ staff	=	_____	Spaces
Theatre/ Auditorium	_____	1 per 300 Sq. Ft.	=	_____	Spaces
Warehousing	_____	1 per 2000 Sq. Ft.	=	_____	Spaces

11. Flood Hazard:
    a. Portion of site subject to inundation by 100-year flood:_____Ac. _____%

12. Portion of Site within the Following Slope Categories:
    a. 0%-10%:_____Ac._____%
    b. 10%+:_____Ac._____%

PROJECT OF REGIONAL SIGNIFICANCE CHECKLIST

Projects that are considered regionally significant require additional review to ensure conformance with the Truckee Meadows Regional Plan. The Regional Planning Commission resolution on Projects of Regional Significance adopted in accordance with NRS 278.026 and NRS 278.0277 identifies projects that are regionally significant.

A YES TO ANY OF THE FOLLOWING QUESTIONS INDICATES THE PROJECT IS REGIONALLY SIGNIFICANT:

1. Will the project, if approved, have an effect on the region by increasing (check all that apply):
   ☐Employment by not less than 938 employees?
   ☐Housing not less than 625 units?
   ☐Hotel accommodations by not less than 625 rooms?
   ☐Sewage not less than 187,500 gallons per day?
   ☐Water usage by not less than 625 acre feet per year?
   ☐Traffic by not less than an average of 6,250 average daily trips?
   ☐Student population (K-12) by not less than 325 students?

2. Does the project include (check all that apply):
   ☐An electric substation?
   ☐A transmission line that carries 60 kilovolts (kV) or more?
   ☐A facility that generates electricity greater than 5 megawatts?
   ☐Natural gas storage and peak shaving facilities?
   ☐Gas regulator stations and mains that operate over 100 pounds per square inch (PSI)?

3. The project is a geothermal well field gathering system and power generation facility or a mining operation on any land within 20 miles of the Truckee Meadows Service Areas.
   Yes ☐ No ☐

4. The project is located within 100-year floor zone and: Will alter the stream channel or banks of a portion of the Truckee River or any of its tributaries as identified on Figure 2-1 “Surface Waters Tributary to Truckee River” of the Regional Water Management Plan, or will alter any wetlands delineated through the Section 404 permit process.
   Yes ☐ No ☐

5. The project is a new or significantly expanded landfill or other land disposal facility subject to regulation under Section 090 of the Washoe County District Board of Health regulations governing solid waste management; or any facility involved with the treatment and/or permanent disposal of hazardous or infectious wastes.
   Yes ☐ No ☐

6. The project will result in the loss or significant degradation of a designated paleontological site as identified in the adopted local government master plans, if such sites have been designated.
   Yes ☐ No ☐

7. Was the project previously reviewed for conformance with the Regional Plan as a Project of Regional Significance? If so, does the project:
   ☐Increase the impact of the project by 10% or more for any threshold contained in Section 1?
   ☐Exceed any of the thresholds contained in Section A that the original project did not exceed?

Based on the above, this project is☐ or is not☐ a Project of Regional Significance.

ADMINISTRATIVE PLAN REVIEW

2026 Application Dates- Administrative Plan Reviews

Applications will only be accepted on application deadline dates.

Application Deadline	Plan Review Meeting
Wednesday, December 17, 2025	Wednesday, January 7, 2026
Wednesday, January 21, 2026	Wednesday, February 4, 2026
Wednesday February 18, 2026	Wednesday, March 4, 2026
Wednesday, March 18, 2026	Wednesday, April 1, 2026
Wednesday, April 15, 2026	Wednesday, May 6, 2026
Wednesday, May 20, 2026	Wednesday, June 3, 2026
Wednesday, June 17, 2026	Wednesday, July 1, 2026
Wednesday, July 15, 2026	Wednesday, August 5, 2026
Wednesday, August 19, 2026	Wednesday, September 2, 2026
Wednesday, September 16, 2026	Wednesday, October 7, 2026
Wednesday, October 21, 2026	Wednesday, November 4, 2026
Wednesday, November 18, 2026	Wednesday, December 2, 2026
Wednesday, December 16, 2026	Wednesday, January 6, 2027

Note: meeting the application deadline does not guarantee each submittal will follow this schedule. Staff will make every effort to assure that completed submittals will maintain this schedule.

FEE SCHEDULE FOR PLANNING DIVISION

Application Type	Application Fees
Annexation	1. $3,000.00 2. $500.00 noticing deposit credited toward actual noticing costs
Administrative Review: New construction, Outdoor Storage, Medical Marijuana Establishment, and Telecommunications Towers	1. $1,250.00 deposit credited toward actual staff time (Not to Exceed $7,495.00) 2. $174.00 Northern Nevada Public Health Fee
Amendment to Development Agreement	1. $128.00/ hour
Area Plan	1. $5,000.00 deposit credited toward actual staff time
Building Elevation Review	1. $1,250.00 deposit credited toward actual staff time (Not to Exceed $7,495.00)
Conditional Use Permit	1. $2,500.00 deposit credited toward actual staff time (Not to Exceed $7,495.00) 2. $500.00 noticing deposit credited toward actual noticing costs 3. $324.00 Northern Nevada Public Health Fee
Conditional Use Permit; ***Major***	1. $10,00.00 deposit credited toward actual staff time (Not to Exceed $7,495.00) 2. $500.00 noticing deposit credited toward actual noticing costs 3. $324.00 Northern Nevada Public Health Fee
Comprehensive Plan Amendment	1. $2,500.00 2. $500.00 noticing deposit credited toward actual noticing costs
Development Agreement	1. $1,900.00 deposit 2. $127.00/ hour 3. $324.00 Northern Nevada Public Health Fee
Deviation; ***Minor***	1. $120.00
Deviation; ***Major***	1. $1,250.00 deposit credited toward actual staff time (Not to Exceed $7,495.00) 2. $500.00 noticing deposit credited toward actual noticing costs

FEE SCHEDULE FOR PLANNING DIVISION

Planned Development	1. $5,000.00 deposit credited toward actual staff time (Typical costs for a Planned Development: $10,000.00-$50,000.00 2. $500.00 noticing deposit credited toward actual noticing costs 3. $620.00 if served by sewer or $1,176.00 if served by septic Northern Nevada Public Health Fee
Review of Expired Tentative Subdivision Map	1. $2,500.00 deposit credited toward actual staff time 2. $620.00 if served by sewer or $1,176.00 if served by septic Northern Nevada Public Health Fee
Rezoning	1. $517.00 2. $500.00 noticing deposit credited toward actual noticing costs
Temporary Sign Permit	1. $35.00
Temporary Use Permit	1. $100.00
Tentative Subdivision Map	1. $22,800.00 2. $620.00 if served by sewer or $1,176.00 if served by septic Northern Nevada Public Health Fee
Variance	1. $4,110.00 2. $500.00 noticing deposit credited toward actual noticing costs 3. $174.00 Northern Nevada Public Health Fee
Zoning Research	1. $117.00/ hour

Please Note:

- Washoe County District Health fees are now payable to the City of Sparks. The fees can be paid by separate check or can be added together and paid as one.
- All checks must be made payable to the City of Sparks. All fees are due at the time of application submittal.
- Electronic payments made by credit or debit cards will be charged ¢0.25 per transaction in addition to 2.75% of the total transaction amount.

Please Note for Tentative Subdivision Maps:

- Tentative subdivision maps and associated fees must be directly submitted to **Division of Water Resources, Division of Environmental Protection,** and **Division of Wildlife.** Fees for review of tentative subdivision maps by these entities are not included in the Planning Division Fee Schedule.