

City of Fallon

VARIANCE APPLICATION FOR: \_\_\_\_\_ Business or  Home Improvement

Applicant: Richard & Doreen Dooley Please check one

Address: 910 Joyce Ct.

Telephone Number: (775) 427-6707

Owner  In Escrow  Leasehold

Purchasers in escrow must file proof of title with Variance Board before granted variances are effective.

Legal Description of Property Involved: Lot \_\_\_\_\_, Blk \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street and Number \_\_\_\_\_

(Attach sheet for Metes & Bounds Description)

Variance Requested: Extension into front setback

Ordinance Provisions: 20' Front Setback Zoning R1

Deed Restrictions N/A

Former Restrictions N/A

Expiration Date: \_\_\_\_\_

Applicants must present evidence of ability and intent to proceed with actual construction within six months of the above filing date.

It is not possible for me to use the above described property in the way it is zoned because: My proposed porch will extend into the front setback by 9.0

My inability to use the above described property in the way I desire causes an undue hardship on me because: (Financial hardship is not considered valid). \_\_\_\_\_

The above described property is different from other properties in the same area zoned the same classification because: \_\_\_\_\_

Use of the above-described property in the manner proposed by this application will not be detrimental to surrounding properties because: It is not prohibiting the enjoyment of neighbors.

PLOT PLANS MUST ACCOMPANY THIS APPLICATION

I, Richard Dooley owner in fee of the above described property state that this application for a variance has been made with my full knowledge and consent and the facts stated above are true to the best of my knowledge and belief.

Owner: Richard Dooley

Address: 910 Joyce Ct.

Fallon, NV 89406

Phone # 775.427.7706

Signature: Richard E. Dooley

All the above facts as stated herein are correct to my knowledge and belief.

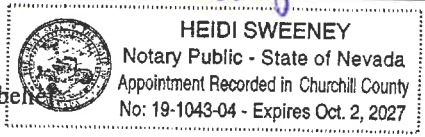
Applicant: \_\_\_\_\_

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

Phone # \_\_\_\_\_

Signature: \_\_\_\_\_

{Nevada  
{County of Churchill  
Signed and sworn to before me on 9/17/24  
by Heidi Sweeney



{Nevada  
{County of \_\_\_\_\_  
Signed and sworn to before me on \_\_\_\_\_  
by \_\_\_\_\_  
{  
{  
{



**Building Department**  
 55 West Williams Avenue  
 Fallon, Nevada 89406  
 Phone: (775) 423-9863 / 423-5107  
 Fax: (775) 423-8874  
[buildingpermits@fallonnevada.gov](mailto:buildingpermits@fallonnevada.gov)

Permit # \_\_\_\_\_

**PERMIT APPLICATION**

Two (2) sets of plans including one (1) wet-stamped are required.  
 The minimum size for plans submittal is 11" x 17" and maximum is 24" x 36".  
 Only complete applications will be accepted and processed. Please enter "N/A" in sections that do not apply.

Job Information			
Tenant Name <i>Doreen Dooley</i>		Address <i>910 Joyce Ct.</i>	
Owner Name <i>Doreen Dooley</i>		Owner Address (if different)	
Owner Phone <i>775-427-6707</i>		Valuation <i>\$ 25,000.00</i>	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial
Zoning	Setbacks Front:                      Side:                      Side:                      Rear:	FEMA Flood Zone	
Contractor Information			
Name <i>Owner Builder</i>		Address	
NV Contractors License No.		Fallon Business License No.	
Contact Person		Email	
Office Phone	Fax	Mobile	
Architect & Engineer Information (If Applicable)			
Architect <i>Owner Architect</i>		Engineer	
Address		Address	
Office Phone	Office Fax	Office Phone	Office Fax
Email	Mobile	Email	Mobile
Contact Person (responsible for plan revisions)		Contact Person (responsible for plan revisions)	
Description of Work			
<b>HVAC Installations</b> <input type="checkbox"/> Change-Out <input type="checkbox"/> New <input type="checkbox"/> Electric unit to gas <input type="checkbox"/> A/C, H/P (___ tons)	<b>Water Heater</b> <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Gas to Electric <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate	<b>Minor Electrical &amp; Plumbing</b> <input type="checkbox"/> Electrical service change _____ (#) of Amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Water service replacement <input type="checkbox"/> Sewer service replacement <input type="checkbox"/> Gas line add/replace ___ft	<b>Re-Roof &amp; Siding</b> <input type="checkbox"/> Tear off <input type="checkbox"/> Recover (MAX 2 layers) <input type="checkbox"/> Composition _____ yr <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/> Indicate Other _____
Complete description of work if other than noted above, please be specific and include everything that is being modified.			



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NV, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
8400 WEST SUNSET ROAD, SUITE 150, LAS VEGAS, NV, 89113 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
www.nscb.nv.gov

**NRS 624.031(5)** Applicability of chapter: Exemptions. The provisions of this chapter do not apply to:

An owner of property who is **building or improving a residential structure on the property for his own occupancy and not intended for sale or lease**. The sale or lease, or the offering for sale or lease, of the newly built structure within 1 year after its completion creates a rebuttable presumption for the purposes of this section that the building of the structure was performed with the intent to sell or lease that structure. An owner of property who requests an exemption pursuant to this subsection must apply to the board for the exemption. The board shall adopt regulations setting forth the requirements for granting the exemption.

If you are seeking an exemption from licensure pursuant to NRS 624.031(4) you must complete the following affidavit, obtain the required signatures, and submit the original to the building department with your application for a building permit.

## OWNER BUILDER AFFIDAVIT OF EXEMPTION

I hereby certify that I am the owner of the property listed below, and that I am building or improving a residential structure on this property for my own occupancy and do not intend to sell or lease the property.

Parcel Number: 910 Joyce Ct. Description of Work: Porch expansion Type of Permit \_\_\_\_\_

Please initial acknowledging the following obligations and duties:

- dd I may not sell or lease this property. If I sell or lease, or offer to sell or lease this property within 1 year after completion, it may be presumed that I have violated the provisions of this exemption and Chapter 624 of NRS.
- dd I may not hire an unlicensed person to act as my contractor, agent, or construction manager.
- dd I must directly supervise the construction.
- dd Any subcontractor(s) working on this project must be properly licensed by the Nevada State Contractors Board.
- dd Any person working on my project who is not a licensed contractor must work under my direct supervision and must be employed by me. I must comply with all State and Federal laws as an employer in the State of Nevada, including payroll deductions (FICA and income tax withholding), provide industrial insurance coverage, and pay the required unemployment compensation for that employee.
- dd If my project requires the repair, restoration, improvement or construction of a pool or spa, I acknowledge my obligation and duty to comply with the provisions of NRS 624.900 through NRS 624.930 (inclusive).
- dd I acknowledge that I have received copies of NRS 624.900 through NRS 624.930 (inclusive) and NRS 278.573.
- dd I acknowledge that the failure to comply with any of the above may result in cancellation of the permit.

I have read the above owner builder affidavit of exemption and certify that the information provided is true and correct to the best of my knowledge.

Dated this 5 day of September, 2024

Doreen Dooley  
Legal Owner of Residential Property (Signature)

Doreen Dooley  
(Print Name)

910 Joyce Ct.  
Location of Single Family Residence

Fallen NV 89406  
City State Zip

Witness: [Signature]