



# TEMPORARY SIGN PERMIT

TSP-47936

**Description of Sign(s):** TEMPORARY SIGN PERMIT FOR TWO PORTABLE 4'X 8' SIGNS, EIGHT 16' FLAGS, 20 24"X18" DIRECTIONAL SIGNS AND ONE 15' ROOF BALLOON SIGN LOCATED AT 3131 N RANCHO DRIVE SUITE B, APN 138-13-511-002. THE SIGN PERMIT WILL BE EFFECTIVE FROM 01/03/13 TO 04/16/13 FOR LIBERTY TAX SERVICE.

**Applicant:** Burns Family Trust  
Burns Martin Or Shirley Trs  
% cambridge group ltd  
1820 E Warm Springs Rd #120  
Las Vegas, NV 89119-4593  
(702)795-7900 x

**Parcel(s):** 138-13-511-006

**Ward(s):** WARD 5 (RICKI Y. BARLOW)

**Type of Signs:**

- Pennants
- Balloons
- Streamers
- Searchlights
- Portable
- Other

**THIS PERMIT SHALL BE POSTED IN A CONSPICUOUS PLACE**

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**THIS PERMIT IS APPROVED PURSUANT TO TITLE 19.14.090A OF THE LAS VEGAS MUNICIPAL CODE, SUBJECT TO THE FOLLOWING CONDITIONS:**

- 1) THE TEMPORARY SIGN PERMIT SHALL BE VALID FOR **104 DAYS** FROM **JANUARY 3, 2013** TO **APRIL 16, 2013**.
- 2) ALL TEMPORARY SIGNS SHALL BE SET BACK FROM ANY STREET INTERSECTION OR DRIVEWAY OR OTHERWISE LOCATED IN ORDER TO NOT CREATE A SIGHT RESTRICTION.
- 3) ALL TEMPORARY SIGNAGE SHALL BE SO LOCATED AS TO NOT CREATE A NUISANCE TO NEARBY PROPERTIES AS A RESULT OF FACTORS SUCH AS EXCESSIVE ILLUMINATION, GLARE, OR NOISE.
- 4) ALL TEMPORARY SIGNAGE SHALL CONFORM TO THE SUBMITTED SITE PLAN.
- 5) THE APPLICANT SHALL DISPLAY A COPY OF THIS TEMPORARY SIGN PERMIT DURING NORMAL BUSINESS HOURS.
- 6) ALL TEMPORARY IMPROVEMENTS MADE TO THIS SITE AND THE ABUTTING STREETS SHALL BE REMOVED UPON EXPIRATION OF THE PERMIT.
- 7) ALL APPLICABLE CITY CODE REQUIREMENTS SHALL BE SATISFIED.
- 8) THE APPLICANT SHALL BE RESPONSIBLE FOR LEAVING THE SITE FREE OF DEBRIS, LITTER, OR ANY OTHER EVIDENCE OF THE SIGNAGE UPON EXPIRATION OF THE PERMIT.
- 9) NO SIGNS SHALL BE LOCATED IN THE PUBLIC RIGHT-OF-WAY.

**PLEASE NOTE:**

On August 15, 2012, the City Council approved an Ordinance which extends on a temporary basis the display periods for temporary special event signs. Under this Ordinance, temporary special event signs approved between August 16, 2012 and June 30, 2014 may be displayed by the same business license holder on the same lot up to eight times in any one calendar year. The aggregate time of display of such signs shall not exceed one hundred eighty days in any one calendar year.

Unless otherwise extended or modified by ordinance, the display period of temporary special event signs approved on or after July 1, 2014 shall be subject to the applicable calendar-year limitations that would be in effect independent of this Ordinance.

**THIS PERMIT SHALL BE POSTED IN A CONSPICUOUS PLACE**



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: LIBERTY TAX SERVICE
Project Address (Location) 3131 N RANCHO DR STE B
Project Name LIBERTY TAX MAGNET SIGN Proposed Use ADVERTISEMENT
Assessor's Parcel #(s) 138-13-511-006 Ward #
General Plan: existing proposed Zoning: existing proposed
Commercial Square Footage 4x8 Floor Area Ratio
Gross Acres Lots/Units Density
Additional Information

PROPERTY OWNER BURNS FAMILY TRUST Contact Cynthia McCaughey
Address 24910 JOHN FREMONT RD Phone: 818 8882511 Fax:
City HIDDEN HILLS CA 91302 State CA Zip 91302
E-mail Address

APPLICANT LIBERTY TAX SERVICE Contact CHRISTINA ROSS
Address 3131 N RANCHO DR STE B Phone: 702 8391862 Fax: 702 83901317
City LAS VEGAS State NV Zip 89130
E-mail Address

REPRESENTATIVE MAGNET SIGNS LV Contact KEN KEIL
Address 4416 SEA SWALLOW ST Phone: 702 4038542 Fax:
City N LAS VEGAS State NV Zip 89032
E-mail Address

\* Property Owner Signature\* Cynthia McCaughey
\* Print Name Cynthia McCaughey
\* Subscribed and sworn before me
This 20 day of Dec, 2012

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # TSP-47936
Meeting Date: N/A
Total Fee: 100.00
Date Received: 11/31/2013
Received By: MKR

\*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

f:\depot\Application Packet\Application Form.pdf



3131 N Rancho Drive Suite B  
Las Vegas NV 89130  
Office: (702) 839-1862  
Fax: (702) 839-0137

City of Las Vegas Nevada  
Planning & Development Department

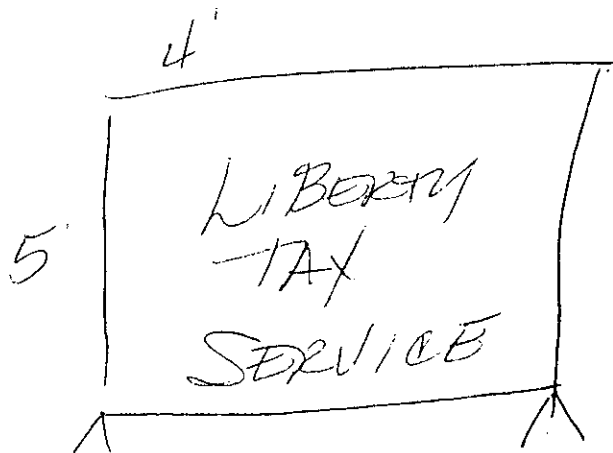
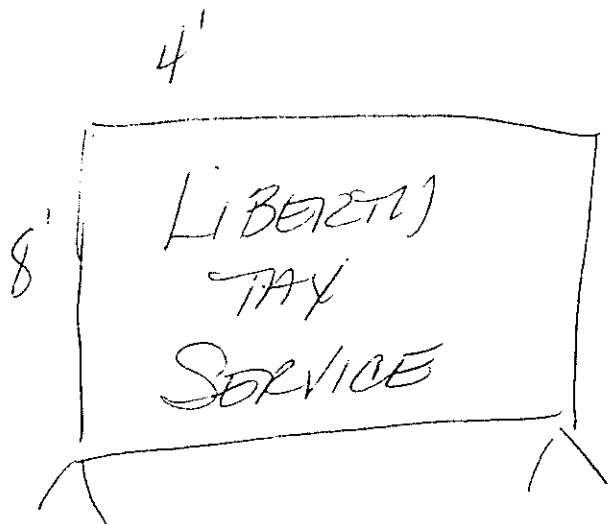
I am with Liberty Tax Service and we are located more than 100 yards from the street  
With limited visibility we need signs and flags to show our location. The sign will show the  
Direction of my location. The magnet sign size is 4x8 and or 4x5 background is black with  
Multi-colors the letters are also magnet. We are a seasonal business and I do take down  
All signage at the end of our season.

Start Date: January 3, 2013  
End Date: April 16, 2013

Thank you,

A handwritten signature in black ink, appearing to read "Christina Garcia Ross". The signature is fluid and cursive, with the first name being the most prominent.

Christina Garcia Ross  
Owner



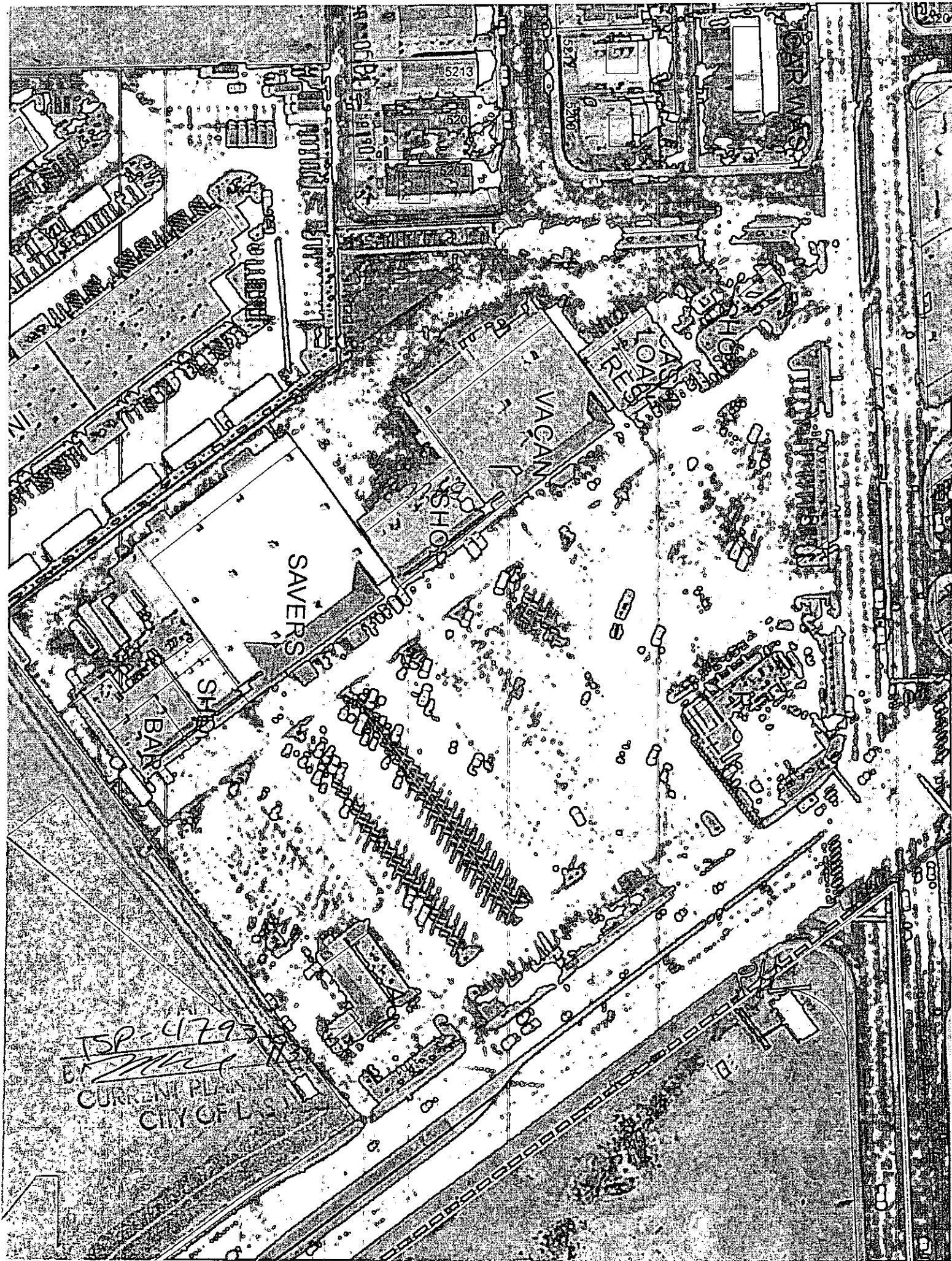
BACKGROUND IS BLACK  
 W/ MULTI COLORS LETTER  
 ARE MAGNET AND CAN  
 CHANGE MAGNET LETTERS.

APPROVED

TSPL7736

BY *[Signature]*

CURRENT PLANNING DIVISION  
 CITY OF LAS VEGAS



5213

VACANT

SAVERS

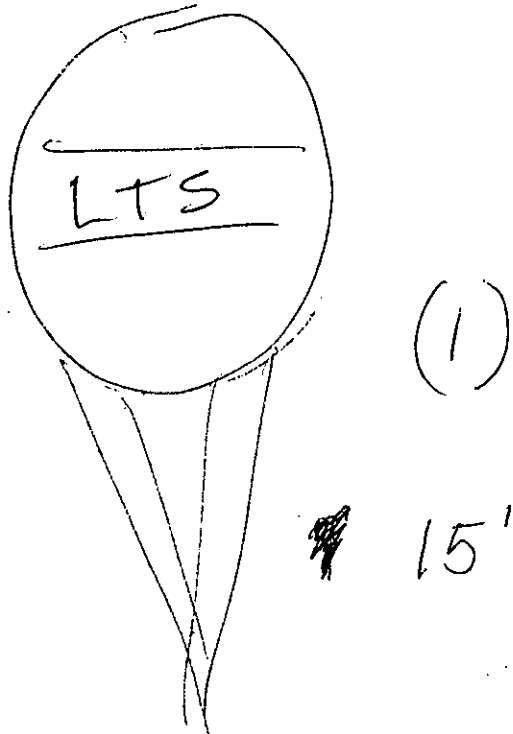
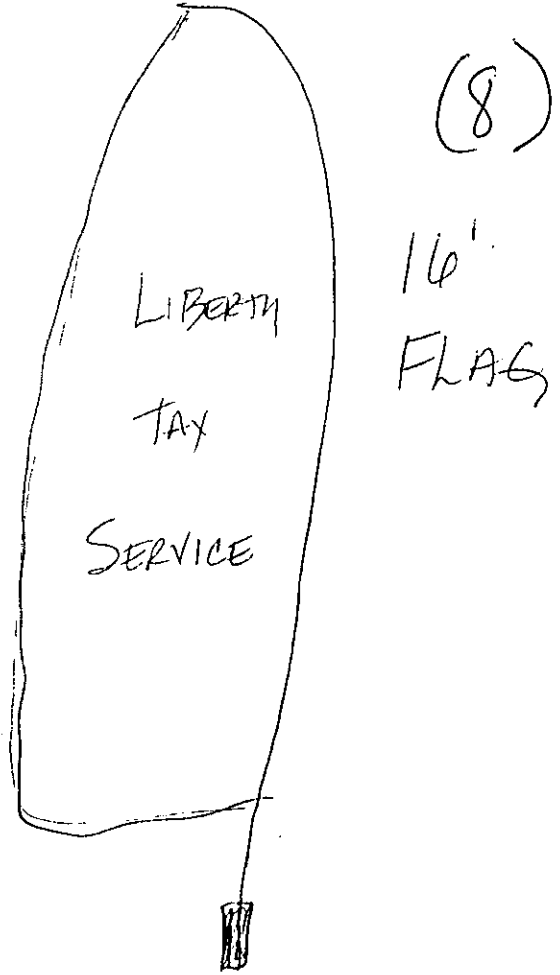
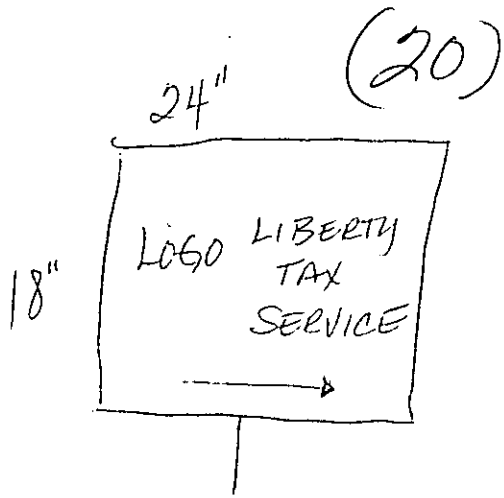
SHOPS

BAR

REAR

ATTACHMENT

ISP-4793  
CURRENT PLAN  
CITY OF LOS ANGELES



APPROVED  
BP-4793  
BY *Man* 1/3/2013  
CURRENT PLANNING DIVISION  
CITY OF LAS VEGAS

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

State of California, County of VENTURA

On July 28, 2011 before me, P. SHEPPARD, NOTARY PUBLIC personally appeared DR. MARTIN BURNS who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*P. Sheppard*



**UNIFORM STATUTORY FORM POWER OF ATTORNEY**  
**(California Probate Code section 4401)**

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

I, Martin Burns, individually, and as Trustee of Burns Family Trust (January 2, 1996) and all derivative trusts, 24910 John Fremont Road, Hidden Hills, CA, 91302, appoint Cynthia Burns McCaughey as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

INITIAL

- \_\_\_(A) Real property transactions.
- \_\_\_(B) Tangible personal property transactions.
- \_\_\_(C) Stock and bond transactions.
- \_\_\_(D) Commodity and option transactions.
- \_\_\_(E) Banking and other financial institution transactions including beneficiary transactions.
- \_\_\_(F) Business operating transactions.
- \_\_\_(G) Insurance and annuity transactions.
- \_\_\_(H) Estate, trust, and other beneficiary transactions.
- \_\_\_(I) Claims and litigation.

\_\_\_(J) Personal and family maintenance.

\_\_\_(K) Benefits from social security, Medicare, Medicaid, or other governmental programs, or civil or military service.

\_\_\_(L) Retirement plan transactions.

\_\_\_(M) Tax matters.

*MB* (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS: IN THE FOLLOWING SPACE YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT. IF NONE, THEN WRITE "NONE"

*access to all Medical Records N/A.*

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 29 day of JULY, 2011

*Martin Burns* (principal's signature)

~~\_\_\_\_\_~~ Redacted (social security number)

State of California, County of VENTURA

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.