



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **EOT-38475** APN: 162-09-102-006
Name of Property Owner: O.H.D.B. LLC
Name of Applicant: BLUE MOON RESORT LLC
Name of Representative: JOE LAMARCA

To the best of your knowledge, does the Mayor or any member of the City Council or Planning Commission have any financial interest in this or any other property with the property owner, applicant, the property owner or applicant's general or limited partners, or an officer of their corporation or limited liability company?

☐ Yes

☒ No

If yes, please indicate the member of the City Council or Planning Commission who is involved and list the name(s) of the person or persons with whom the City Official holds an interest. Also list the Assessor's Parcel Number if the property in which the interest is held is different from the case parcel.

City Official: _____

Partner(s): _____

APN: _____

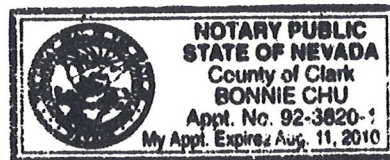
Signature of Property Owner: _____

Print Name: Joseph Lamarca

Subscribed and sworn before me

This 27th day of May, 20 10

Notary Public in and for said County and State



RECEIVED

JUN 07 2010



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: EXTENSION OF APPROVED SPECIAL USE PERMIT
Project Address (Location) 2651 WESTWOOD DRIVE, LAS VEGAS, NV 89109
Project Name BLUE MOON RESORT - HOTEL Proposed Use HOTEL LOUNGE B&B
Assessor's Parcel #(s) 162-09-102-006 Ward # 1
General Plan: existing C proposed - Zoning: existing M proposed -
Commercial Square Footage _____ Floor Area Ratio _____
Gross Acres .91 Lots/Units 43 Density _____
Additional Information SUP-27951

PROPERTY OWNER O.H.D.B. LLC Contact JOE LAMARCA
Address 401 ROSEMARY LANE Phone: 702-784-1500 Fax: 702-361-9110
City LAS VEGAS State NV Zip 89109
E-mail Address JOE.LAMARCA@COX.NET

APPLICANT SAME AS PROPERTY OWNER Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

REPRESENTATIVE SAME AS PROPERTY OWNER Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

Property Owner Signature* [Signature]

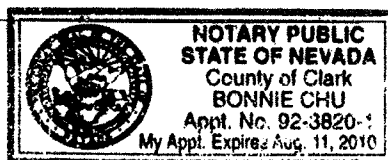
* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name Joe LAMARCA

Subscribed and sworn before me

This 26th day of May, 2010

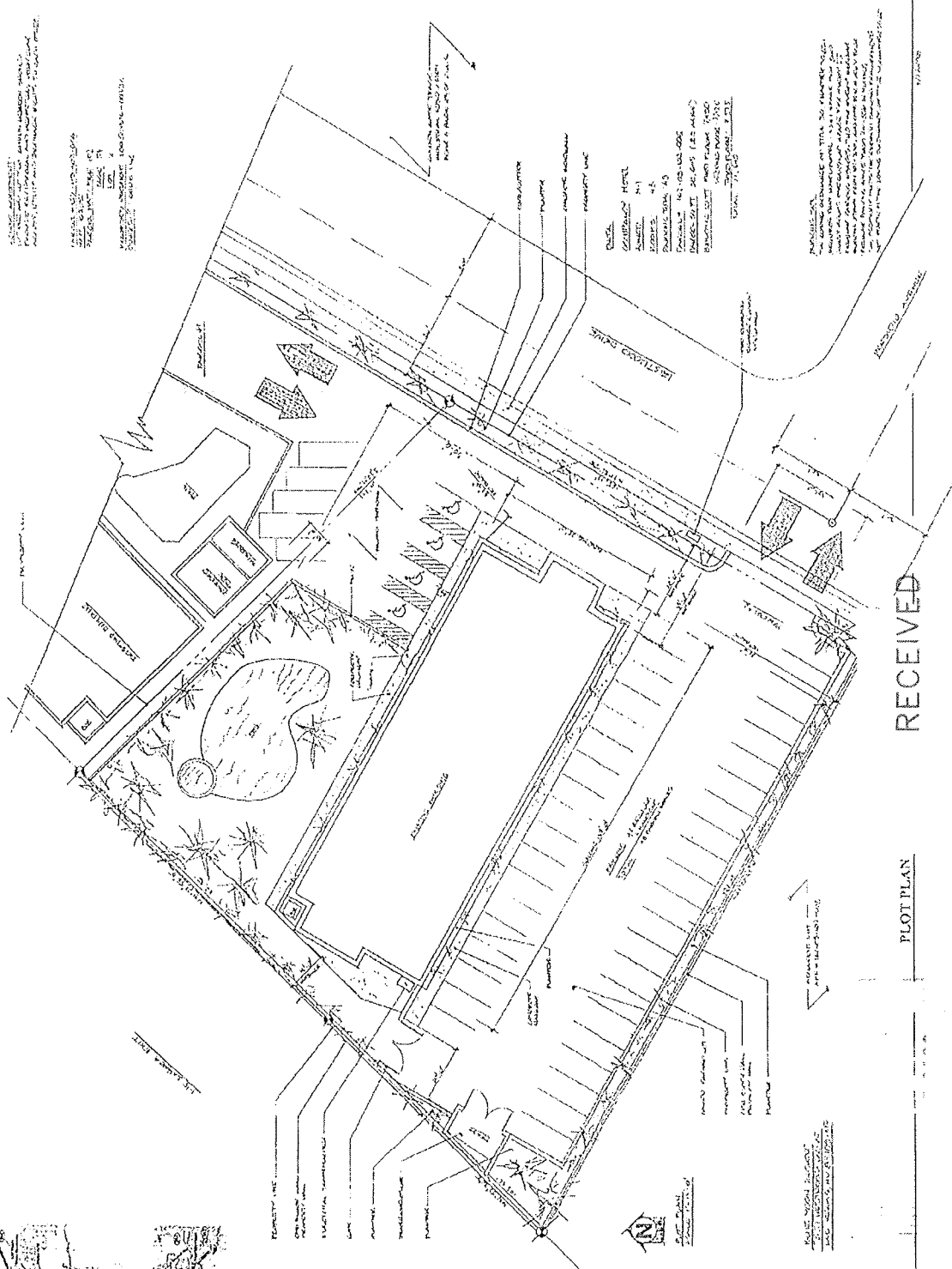
Notary Public in and for said County:



FOR DEPARTMENT USE ONLY

Case #	<u>EOT-38475</u>
Meeting Date:	<u>7/21/10</u>
Total Fee:	<u>\$300</u>
Date Received:*	<u>6-7-10</u>
Received By:	<u>[Signature]</u>

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



1. THE SITE PLAN IS A REPRESENTATION OF THE PROPOSED DEVELOPMENT AND IS NOT A GUARANTEE OF THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.
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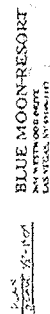
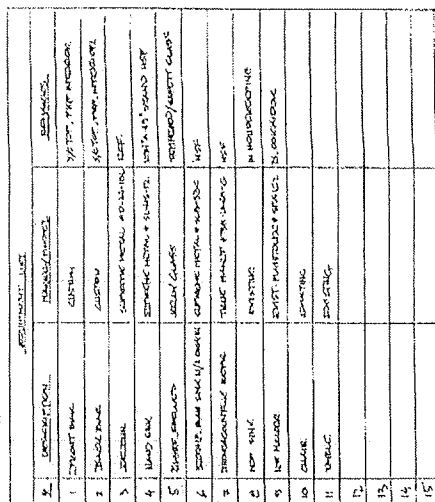
BLUE MOON RESORT
 10000 S. 10000 E.
 SALT LAKE CITY, UT 84114

PLOT PLAN

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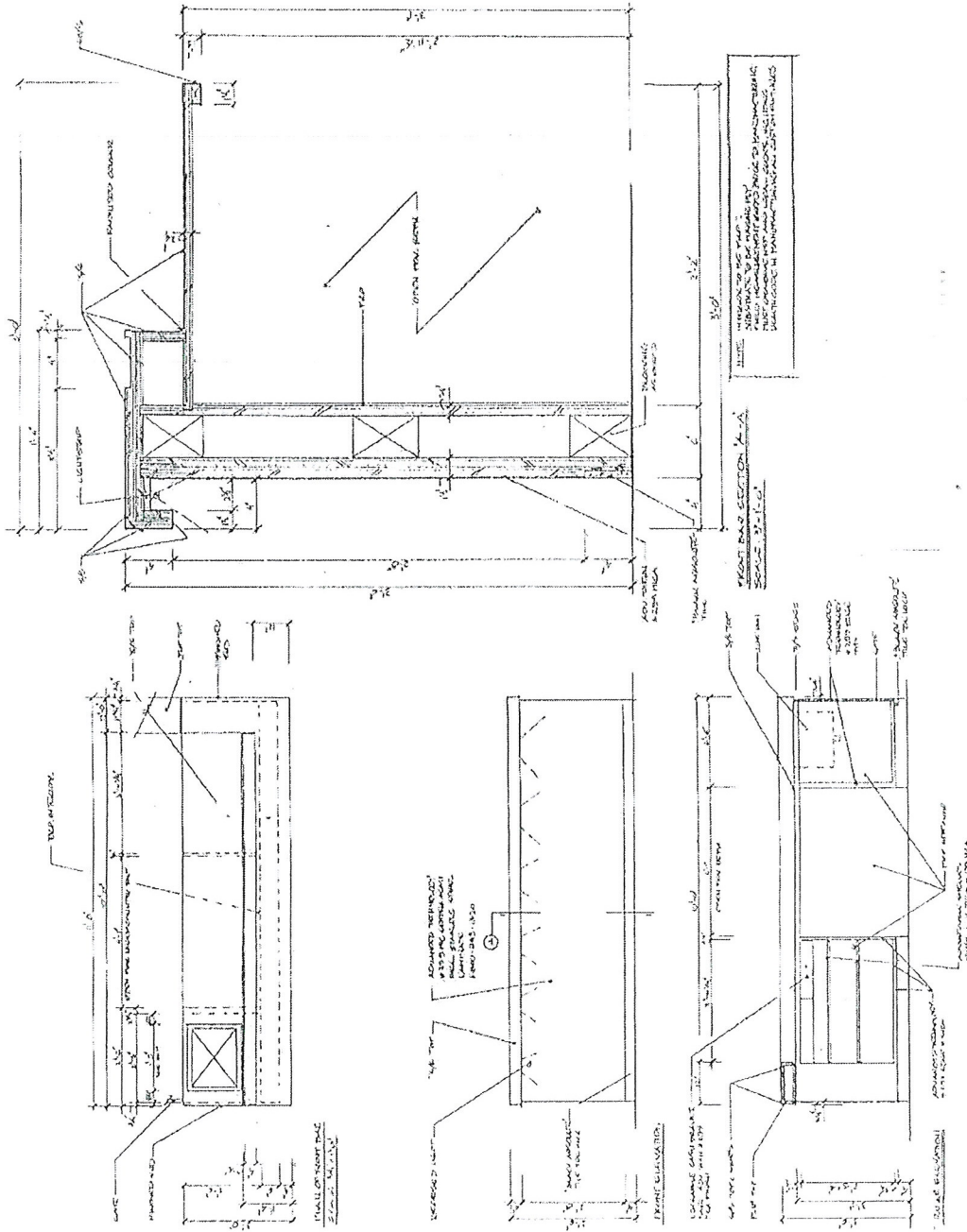


EQUIPMENT PLANS

PLUMBING AND ELECTRICAL PLAN

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EOT-38475



BLUE MOON RESORT
LAS VEGAS, NEVADA

BAR PLAN, ELEVATION AND DETAILS

RECEIVED

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