



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **EOT-38454** APN: 125-20-216-002

Name of Property Owner: Specialty Trust

Name of Applicant: Specialty Trust

Name of Representative: Specialty Trust

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

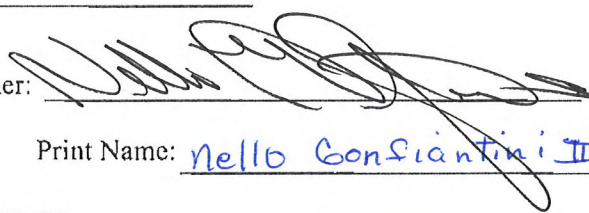
☒ No

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: Nello Constantini III President

Subscribed and sworn before me

This 3rd day of June, 20 10

Kristen M. Shipman
Notary Public in and for said County and State

Revised 11-14-06



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PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Extension of Time (SUP-27046)
 Project Address (Location) 6803 N. Durango Drive, Las Vegas
 Project Name The Village at Centennial Hills Proposed Use Commercial
 Assessor's Parcel #(s) 125-20-216-002 Ward # 6,482,979 (both)
 General Plan: existing TC proposed TC Zoning: existing GC-TC proposed GC-TC
 Commercial Square Footage 31,405 sf Floor Area Ratio 20.0%
 Gross Acres 3.62 acres Lots/Units N/A Density N/A
 Additional Information Original SUP for a Liquor Establishment - Tavern Use

PROPERTY OWNER Specialty Trust Contact Wynn Lucke
 Address 6160 Plumas Street Phone: (775) 826-0809 Fax: (775) 826-4676
 City Reno State NV Zip 89519
 E-mail Address wlucke@specialtyfi.com

APPLICANT Specialty Trust Contact _____
 Address same as above Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

REPRESENTATIVE Specialty Trust Contact _____
 Address same as above 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.

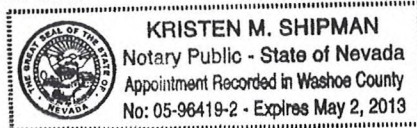
Print Name Nello Confiantini III, President

Subscribed and sworn before me

This 3rd day of June, 20 10.

Kristen M. Shipman

Notary Public in and for said County and State



Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	<u>EOT- 38454</u>
Meeting Date:	<u>9/1/10</u>
Total Fee:	<u>\$300</u>
Date Received:*	<u>6/4/10</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.

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