



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **ZON-40496** APN: 138-32-802-001

Name of Property Owner: City of Las Vegas

Name of Applicant: City of Las Vegas, % Flinn Fagg, AICP

Name of Representative: _____

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

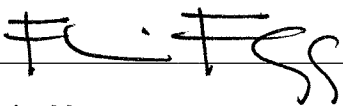
☒ No

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): _____

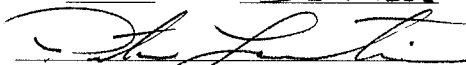
APN: _____

Signature of Property Owner: 

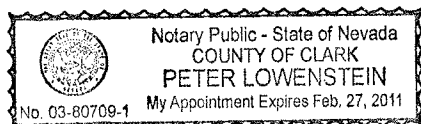
Print Name: Flinn Fagg, AICP

Subscribed and sworn before me

This 16th day of December, 20 10



Notary Public in and for said County and State





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Rezoning
Project Address (Location) 900 S Durango Drive
Project Name CLV Fire Station Proposed Use No change
Assessor's Parcel #(s) 138-32-802-001 Ward # 2
General Plan: existing PE proposed N/A Zoning: existing C-1 proposed C-V
Commercial Square Footage N/A Floor Area Ratio N/A
Gross Acres 1.59 Lots/Units N/A Density N/A
Additional Information Rezoning from C-1 (Limited Commercial) to C-V (Civic).

PROPERTY OWNER City of Las Vegas Contact Flinn Fagg, AICP
Address 731 S 4th Street Phone: (702) 229-6301 Fax: (702) 385-7268
City Las Vegas State NV Zip 89101
E-mail Address _____

APPLICANT City of Las Vegas Contact Flinn Fagg, AICP
Address 731 S 4th Street Phone: (702) 229-6301 Fax: (702) 385-7268
City Las Vegas State NV Zip 89101
E-mail Address _____

REPRESENTATIVE _____ 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 Flinn Fagg, AICP

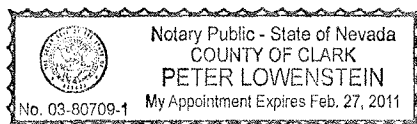
Subscribed and sworn before me

This 16th day of DECEMBER, 20 10.

[Signature]

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

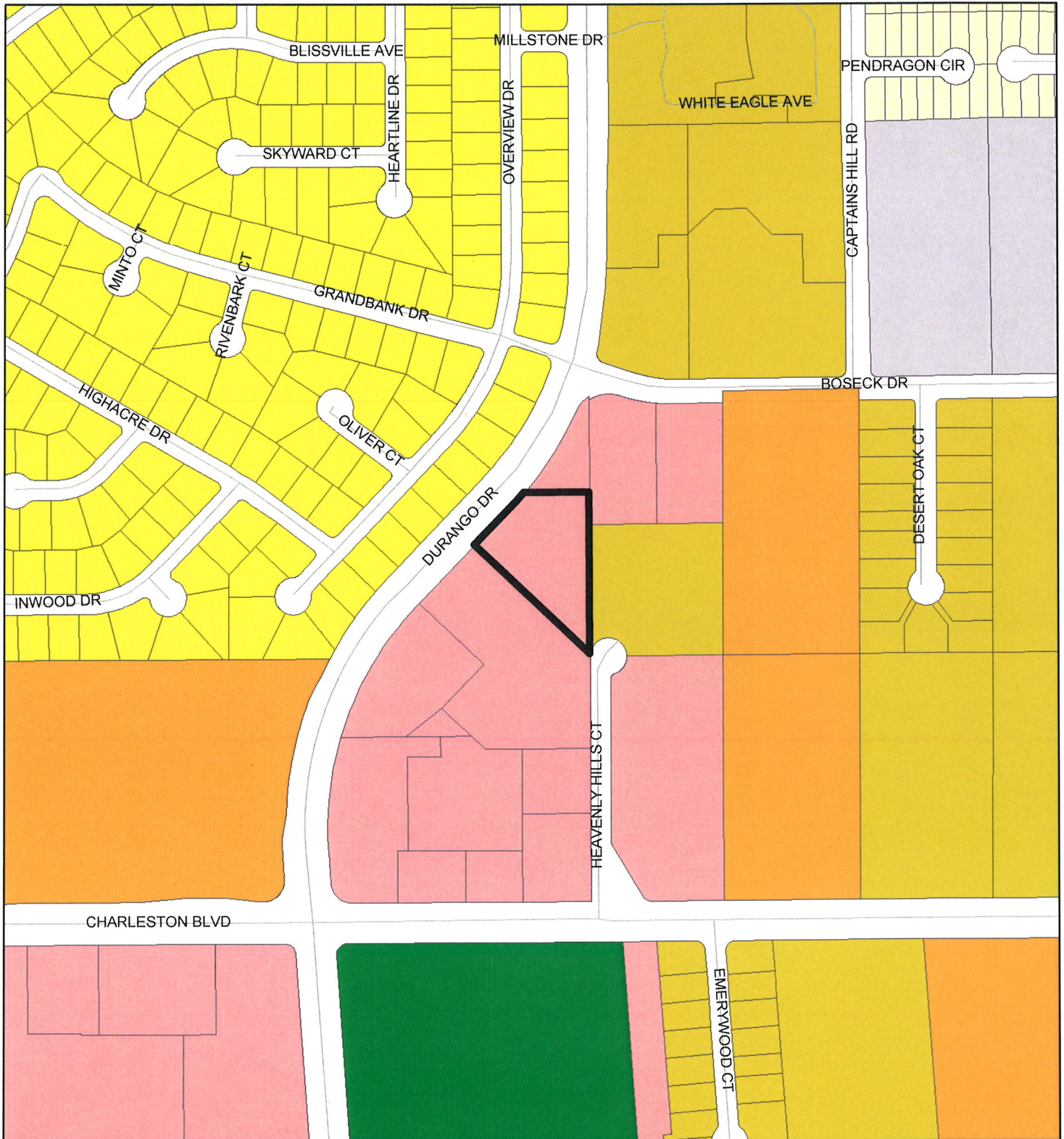
Case #	<u>ZON-40496</u>
Meeting Date:	<u>2/8/11</u>
Total Fee:	<u>\$1,200.00</u>
Date Received:*	<u>12/16/10</u>
Received By:	<u>[Signature]</u>

*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.

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

REZONING Parcel: 138-32-802-001

ZON - 40496



ZONING

C-V	R-MH	R-3	O	C-2
C-PB	R-CL	R-4	C-D	C-M
P-C	R-2	R-5	C-1	M
U	R-D	R-MHP	PD	Subject Parcel
R-A	R-PD	P-R	T-D	City Limits
R-E	R-1	N-S	TC	ROI Zoning

FROM C-1 TO C-V



GIS maps are normally produced only to meet the needs of the City. Due to continuous development activity this map is for reference only.
Geographic Information System
Planning & Development Dept.
702-229-6301



Printed: December 17, 2010