



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-40998** APN: _____

Name of Property Owner: WAI CHUN GINN

Name of Applicant: WAI CHUN GINN

Name of Representative: WAI CHUN GINN

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: _____

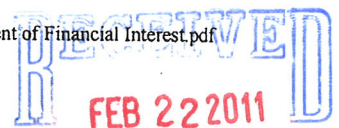
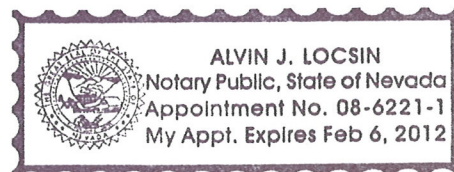
Signature of Property Owner: Wai Chun Ginn

Print Name: Wai Chun Ginn

Subscribed and sworn before me

This 1 day of September, 20 10

[Signature]
Notary Public in and for said County and State



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Site development plan Review
 Project Address (Location) 1451 W. Owens Ave Las Vegas, NV 89106
 Project Name GINN'S VACANT LOTS Proposed Use Parking
 Assessor's Parcel #(s) 13928501002 AND 13928501003 Ward # 5
 General Plan: existing X proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage 59050 Sq Ft Floor Area Ratio _____
 Gross Acres 1.52 Lots/Units _____ Density _____
 Additional Information 72 FT X 107 FT PAVED PARKING LOT, REMAINING ARE VACANT UNDEVELOPE LAND. SE REVITALISATION REDEVELOPMENT WEST LAS VEGAS

PROPERTY OWNER WAI CHUN GINN Contact CANDIE GINN
 Address 2199 NATALIE AVE. Phone: 7027358027 Fax: _____
 City LAS VEGAS State NV Zip 89169
 E-mail Address PWC GINN@YAHOO.COM

APPLICANT WAI CHUN GINN Contact CANDIE GINN
 Address 2199 NATALIE AVE. Phone: 7027358027 Fax: _____
 City LAS VEGAS State NV Zip 89169
 E-mail Address PWC GINN@YAHOO.COM

REPRESENTATIVE AS ABOVE Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

Property Owner Signature* Wai Chun Ginn

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

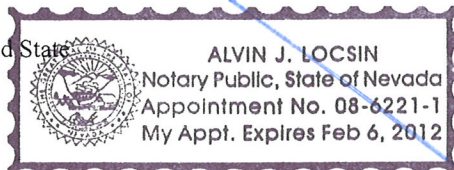
Print Name WAI CHUN GINN

Subscribed and sworn before me

This 1 day of September, 20 10

[Signature]

Notary Public in and for said County and State



Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	<u>SDR-40998</u>
Meeting Date:	<u>4/12/11</u>
Total Fee:	<u>\$1,030</u>
Date Received:*	<u>2/22/11</u>
Received By:	<u>Brian S.</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

FEB 22 2011