



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: JUSTO SATARAY
 Project Address (Location) 210 N LAMB BLVD
 Project Name CLINICA MEDICA DEL PUEBLO Proposed Use P-R
 Assessor's Parcel #(s) 140-36-310-002 & 003 Ward # 3
 General Plan: existing _____ proposed _____ Zoning: existing R-1 proposed P-R
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 0.33 Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER JUSTO SATARAY Contact DAVID RODRIGUEZ
 Address 220 N LAMB BLVD Phone: 459-2401 Fax: 459-2405
 City LAS VEGAS State NV Zip 89110
 E-mail Address _____

APPLICANT JUSTO SATARAY Contact DAVID RODRIGUEZ
 Address 220 N LAMB BLVD Phone: 459-2401 Fax: 459-2405
 City LAS VEGAS State NV Zip 89110
 E-mail Address _____

REPRESENTATIVE DAVID RODRIGUEZ Contact _____
 Address 2545 TORREY PINES Phone: 218-8145 Fax: 823-5954
 City LAS VEGAS State NV Zip 89146
 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 Justo Sataray

Subscribed and sworn before me

This 1st day of OCTOBER, 20 09

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

FOR DEPARTMENT USE ONLY

Case # ZON-36347
 Meeting Date: Dec. 17, 2009
 Total Fee: \$1200.00
 Date Accepted: Oct. 9, 2009
 Accepted By: P. Grimsler

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

F:\depot\Application Packet\Application Form.doc

OCT 9 2009

Revised 10/27/08
 PLANNING & DEVELOPMENT

E. ZAMORA
 NOTARY PUBLIC - STATE OF NEVADA
 COUNTY OF CLARK
 APPT. No. 09-9120-1
 MY APPT. EXPIRES SEPTEMBER 23, 2012



STATEMENT OF FINANCIAL INTEREST

Name of Representative: DAVID RODRIGUEZ

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:

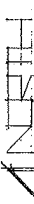
Print Name: JUSTO SATARAY

Subscribed and sworn before me

This 5 day of OCTOBER, 2009

Notary Public in and for said County and State





NAME	DATE	TIME	INITIALS
FRANKLIN	11-17	2:00	FR
FRANKLIN	11-17	2:00	FR

202X-11-17 202X-11-17

ALC H. AUB BND
HCHH HCHH HCHH

$$\begin{aligned} 2000 \text{ sq ft} &= 10 \text{ 1000 sq ft @ } 1.00 = 10.00 \\ 1000 \text{ sq ft} &= 100 \text{ sq ft @ } 1.75 = 17.50 \end{aligned}$$

10-11-1964

11

1

1200

**ZON-36347
REVISED
01/28/10 PC**