



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-36958** APN: 13825310003

Name of Property Owner: Dr. Sharon Roth, OMD

Name of Applicant: Dr. Sharon Roth, OMD

Name of Representative: NA

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: Sharon Roth

Print Name: Sharon Roth Eric CAOAS NDA

Subscribed and sworn before me

This 3rd day of November, 2009

M.S. Peterson

Notary Public in and for said County and State

RECEIVED

DEC 15 2009

Revised 11-14-06



F:\depot\Application Packet\Statement of Financial Interest.pdf



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: _____
Project Address (Location) 708 N Jones Blvd, Las Vegas 89107
Project Name Roth Medical Office Proposed Use Acupuncture Office
Assessor's Parcel #(s) 13825310003 Ward # 1
General Plan: existing _____ proposed _____ Zoning: existing P-R proposed P-R
Commercial Square Footage 1,350 SF Floor Area Ratio _____
Gross Acres 0.19 acres Lots/Units 1 Density _____
Additional Information _____

PROPERTY OWNER Dr. Sharon Roth, OMD Contact _____
Address 101 S Rainbow Blvd, Ste 22 Phone: (702) 259-6996 Fax: (702) 259-6995
City Las Vegas State NV Zip 89145
E-mail Address srothlac@cox.net

APPLICANT Dr. Sharon Roth, OMD Contact _____
Address 101 S Rainbow Blvd, Ste 22 Phone: (702) 259-6996 Fax: (702) 259-6995
City Las Vegas State NV Zip 89145
E-mail Address srothlac@cox.net

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

Property Owner Signature* Sharon Roth

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

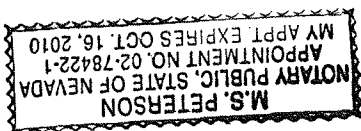
Print Name Sharon Roth, Eric Labastida

Subscribed and sworn before me

This 3rd day of November, 2009
M. A. Peterson

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # VAR-36958
Meeting Date: 1/28/09
Total Fee: 830.00
Date Received: 12/15/09
Received By: MREX

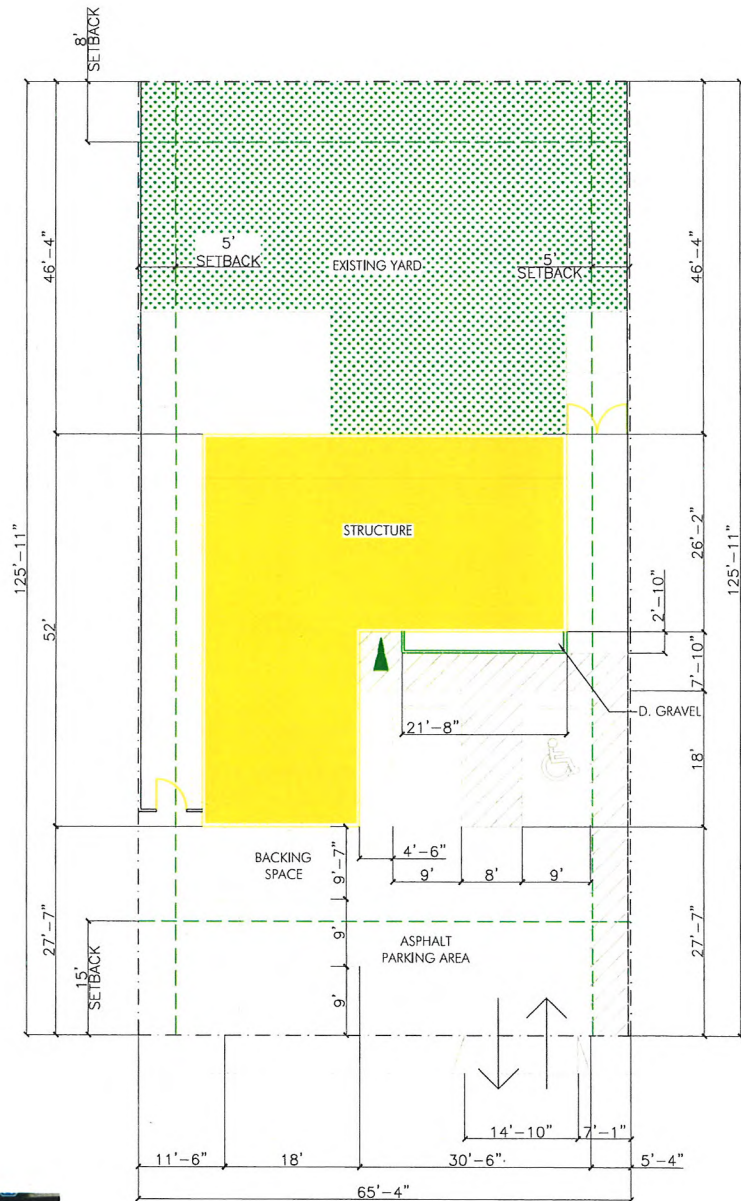
*The application will not be deemed complete until the submitted materials have been reviewed by the Planning and Development Department for consistency with applicable sections of the Zoning Ordinance.

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PARKING COUNT
 7 SPACES REQUIRED
 (1 ACCESSIBLE SPACE INCLUDED)
 4 SPACES PROVIDED
 (1 ACCESSIBLE SPACE INCLUDED)

R
 (P-R
 ZONED)

BUILDING AREA
 1,770 SF
 PROPERTY AREA
 8,222 SF
 FLOOR AREA RATIO
 21.5%



R
 (P-R
 ZONED)



VICINITY MAP
 NTS

JONES BLVD



SITE PLAN
 SCALE 1/16" = 1'-0"



RECEIVED
 DEC 15 2009

Roth Medical Office
 708 N Jones Ave
 LAS VEGAS, NV 89107

VAR-36958
01/28/10 PC

DECEMBER 15, 2009

S-
 SHEET NO

