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 CADASTRA

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

M.S. PETERSON
NOTARY PUBLIC, STATE OF NEVADA
APPOINTMENT NO. 02-78422-1
MY APPT. EXPIRES OCT. 16, 2010

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

PLANNING & DEVELOPMENT

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 S Peterson

Notary Public in and for said County and State

M.S. PETERSON
NOTARY PUBLIC, STATE OF NEVADA
APPOINTMENT NO. 02-78422-1
MY APPT. EXPIRES OCT. 16, 2010

FOR DEPARTMENT USE ONLY

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

*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.

Revised 10/27/08

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

PARKING COUNT

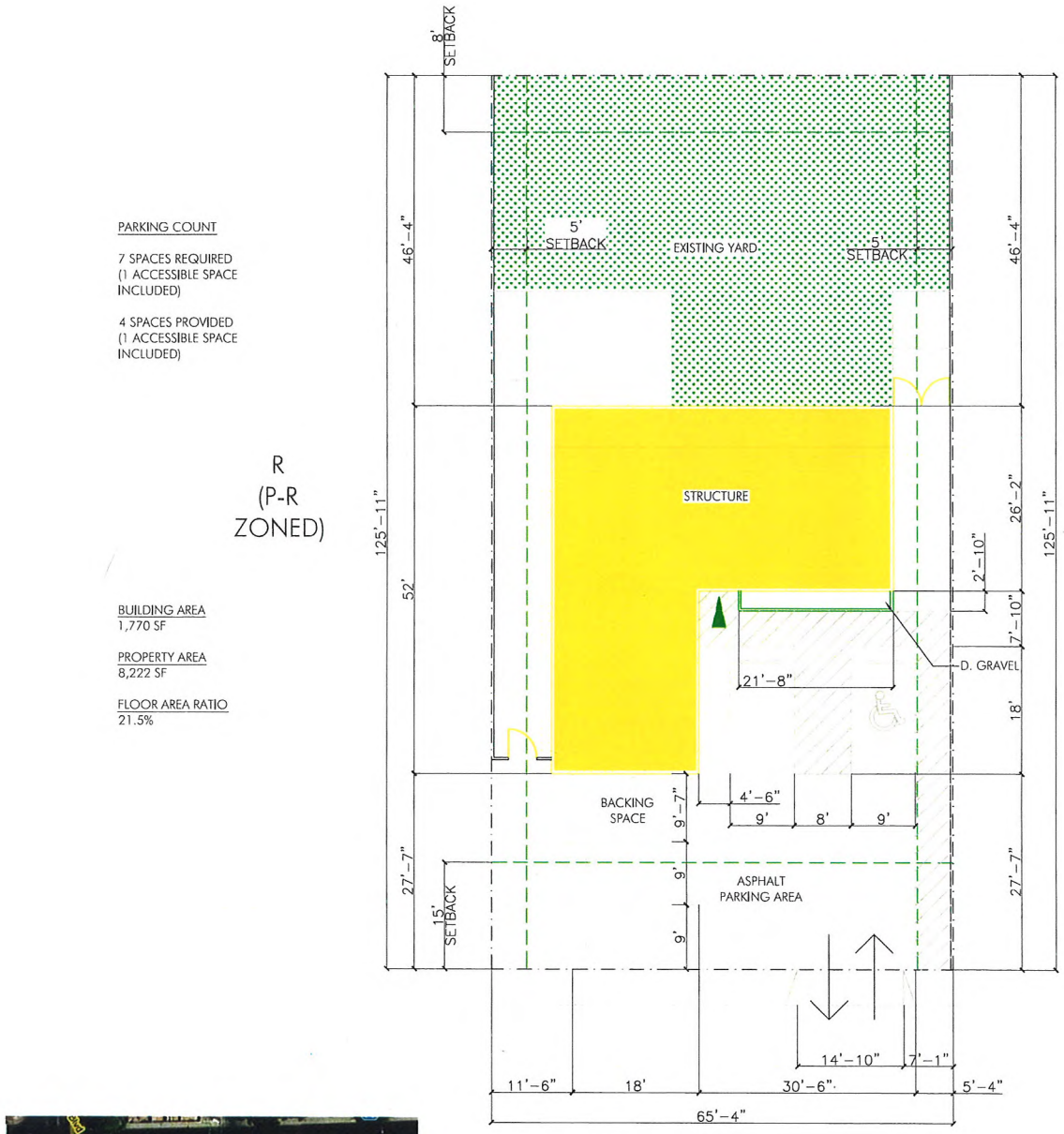
7 SPACES REQUIRED
(1 ACCESSIBLE SPACE INCLUDED)

4 SPACES PROVIDED
(1 ACCESSIBLE SPACE INCLUDED)

BUILDING AREA
1,770 SF

PROPERTY AREA
8,222 SF

FLOOR AREA RATIO
21.5%



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

VICINITY MAP
NTS

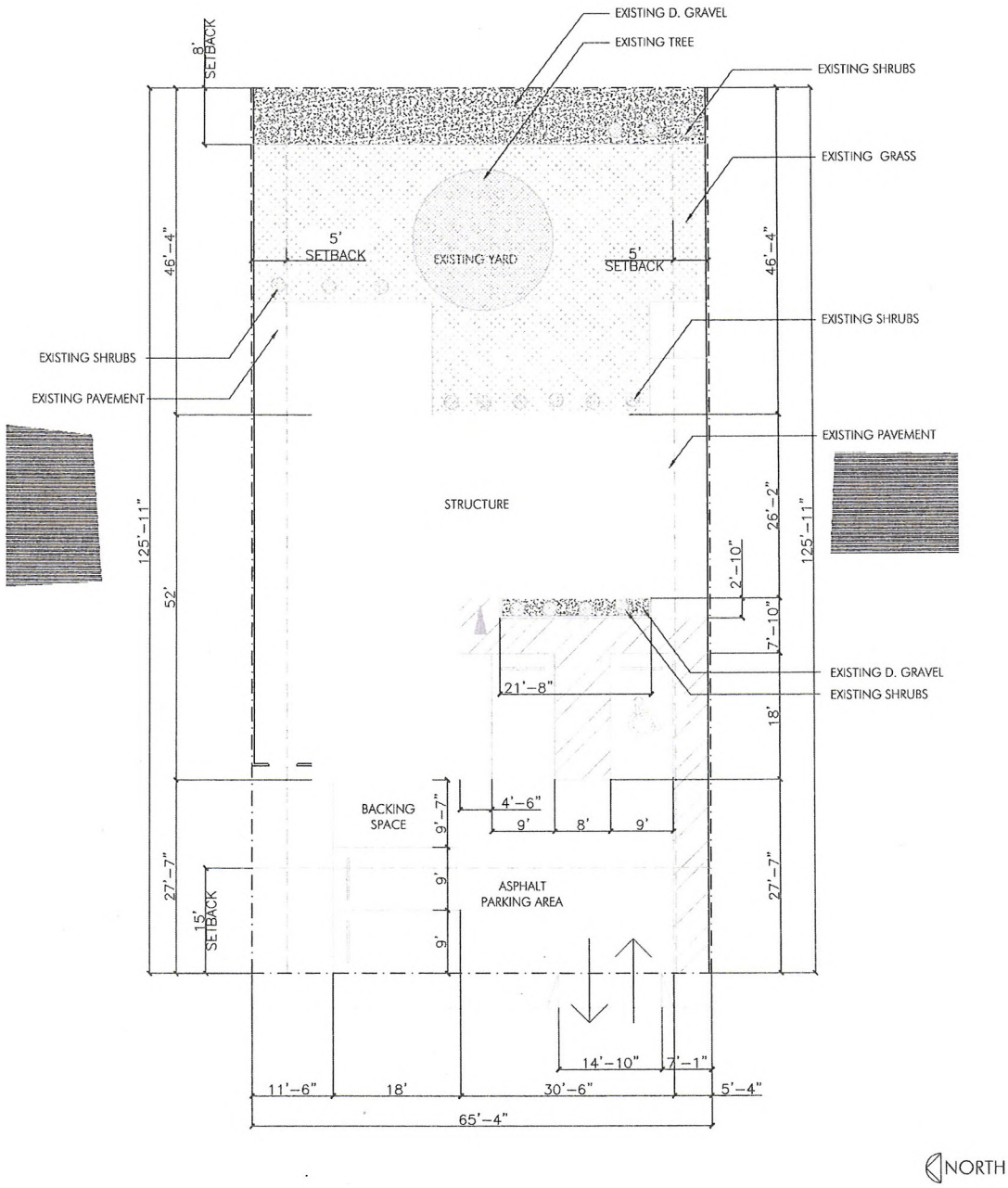
RECEIVED
DEC 15 2009

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

VAR-36958
01/28/10 PC

DATE DECEMBER 15, 2009

S-1
SHEET NO



JONES BLVD

LANDSCAPE PLAN

SCALE 1/16" : 1'-0"

RECEIVED
JAN 05 2010

VAR-36958
REVISED
01/28/10 PC

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

DATE
DECEMBER 15, 2009

L-1
SHEET NO.