



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-37579** APN: _____

Name of Property Owner: CHABAD OF SOUTHERN NEVADA

Name of Applicant: Yehoshua HARLIG

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: _____

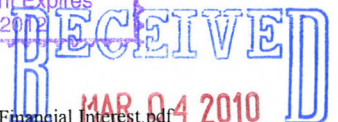
Signature of Property Owner: _____

Print Name: Yehoshua Harlig

Subscribed and sworn before me

This 3 day of March, 2010

Patricia Ramstetter
Notary Public in and for said County and State





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: MAJOR PLAN AMENDMENT
 Project Address (Location) 1254 VISTA DRIVE
 Project Name DESERT TORAH ACADEMY Proposed Use SCHOOL
 Assessor's Parcel #(s) 162-06-501-004 Ward # 1
 General Plan: existing SC & R proposed _____ Zoning: existing R-E proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 3.0 Lots/Units N/A Density N/A
 Additional Information _____

PROPERTY OWNER CHABAD OF S. NEV. Contact BILL ROBERTS
 Address 1261 ARVILLE ST. Phone: 259-0770 Fax: 877-4700
 City LAS VEGAS State NV. Zip 89102
 E-mail Address CHABAD LV. @ AOL.COM

APPLICANT CHABAD OF S. NEV. Contact BILL ROBERTS
 Address 1261 ARVILLE ST. Phone: 259-0770 Fax: 877-4700
 City LAS VEGAS State NV. Zip 89102
 E-mail Address CHABAD LV. @ AOL.COM

REPRESENTATIVE BILL ROBERTS NAME
 Address 1871 HOLLYWELL ST. Phone: 418-4721 Fax: 877-4700
 City LAS VEGAS NV. State NV. Zip 89135
 E-mail Address BILLYKINGMANAZ@YAHOO.COM

Property Owner Signature* _____

* An authorized agent must sign in lieu of the property owner for Joint, Married, Partnership, and Partial Marital.

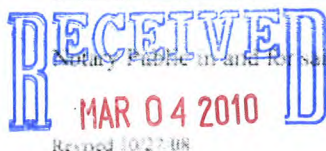
Print Name Yehoshua Harkis

Subscribed and sworn before me _____

This 7th day of JANUARY, 2010

FOR DEPARTMENT USE ONLY

Case # SDR-37579
 Meeting Date: 4/22/10
 Total Fee: 1030.00
 Date Received: * 03/04/10
 Received By: Jonathan B.



Revised 10/27/08



* 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.

Code Application Packet Application Form.pdf

