



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-38909** APN: 125-20-215-270
 Name of Property Owner: LISA STRAW / MNLY, LLC
 Name of Applicant: DURANGO MARKET
 Name of Representative: TAYLOR CONSULTING GROUP, LLC

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: Lisa Straw

Print Name: LISA STRAW

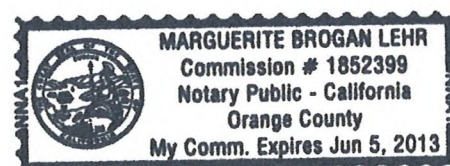


Subscribed and sworn before me

This 7th day of July, 2010
Marguerite B. Lehr
 Notary Public in and for said County and State

MARGUERITE BROGAN LEHR

Revised 11-14-06





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: SPECIAL USE PERMIT
 Project Address (Location) 6955 North Durango Drive, LV, NV units 1113, 1114
 Project Name Durango Market Proposed Use _____
 Assessor's Parcel #(s) 125-20-215-270
125-20-215-269 Ward # _____
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER Lisa Straw, MNLL, LLC Contact Lisa Straw
 Address 28081 Las Brisas Del Mar Phone: 949-697-0866 Fax: _____
 City San Juan Capistrano State CA Zip 92675
 E-mail Address lisad@cox.net

APPLICANT TOMA HERFI / DURANGO MARKET Contact NATHANIEL TAYLOR
 Address 6955 N. DURANGO DR. Phone: _____ Fax: _____
 City LAS VEGAS State NV Zip 89149
 E-mail Address _____

REPRESENTATIVE TAYLOR CONSULTING GROUP Contact NATHAN TAYLOR
 Address P.O. BOX 750521 Phone: 702.280.6175 Fax: _____
 City LAS VEGAS State NV Zip 89136
 E-mail Address info@thetaylorconsultinggroup.com

Property Owner Signature* Lisa Straw

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

Print Name LISA STRAW

Subscribed and sworn before me

This 17th day of July, 20 10

Marguerite B. Lehr
MARGUERITE BROGAN LEHR
 Notary Public in and for said County and State

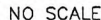
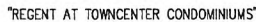


FOR DEPARTMENT USE ONLY

Case #	<u>SUP-38909</u>
Meeting Date:	<u>082610</u>
Total Fee:	<u>WAIVED</u>
Date Accepted:	<u>071610</u>
Accepted By:	<u>[Signature]</u>

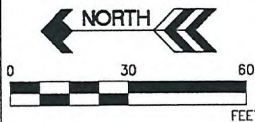
*The application will not be deemed complete until the submitted materials have been reviewed by the Planning and Development for consistency with applicable sections for the Zoning Ordinance.

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	BACK OF CURB
	EDGE OF PAVEMENT
	PROJECT BOUNDARY
	INGRESS/EGRESS ARROWS
	FREESTANDING SIGN
	HANDICAP PARKING STALL

ASSESSOR PARCEL NUMBERS	= 125-20-215-269 = 125-20-215-270
EXISTING ZONING	= T-C
TOTAL BUILDING AREA	= 2,326 SF



RECEIVED
JUL 16 2010

DATE: 2/24/10		TOMA HERFI, INC.			
DRAWN: DCL					
DESIGNED: DCL					
CHECKED: DCL					
PROJECT NO.					
TH1001.000					
SP-BW					
SHEET 1 OF 4					

SUP-38909

RECEIVED
JUL 16 2010