



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **ROC-36960** 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 CASADIA

Subscribed and sworn before me

This 3rd day of November, 2009

M. S. Peterson
Notary Public in and for said County and State

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 Eric Labastida

* 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

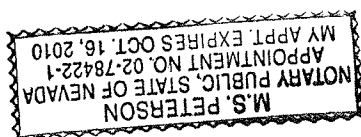
Subscribed and sworn before me

This 3rd day of November, 2009

Don A. Peterson

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case #	<u>REC-36960</u>
Meeting Date:	<u>1/29/2010</u>
Total Fee:	<u>830.00</u>
Date Received:	<u>12/15/09</u>
Received By:	<u>M. REX</u>

*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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CONTRACTOR: L.M. CONSTRUCTION CO., INC. (702) 262-0032 FAX (702) 262-0150 8168 S. SANDHILL RD. LAS VEGAS, NEVADA 89120

DATE: 8-24-10
 DRAWN BY: MB
 CHECKED BY: JMS
 DESIGNED BY: JMS

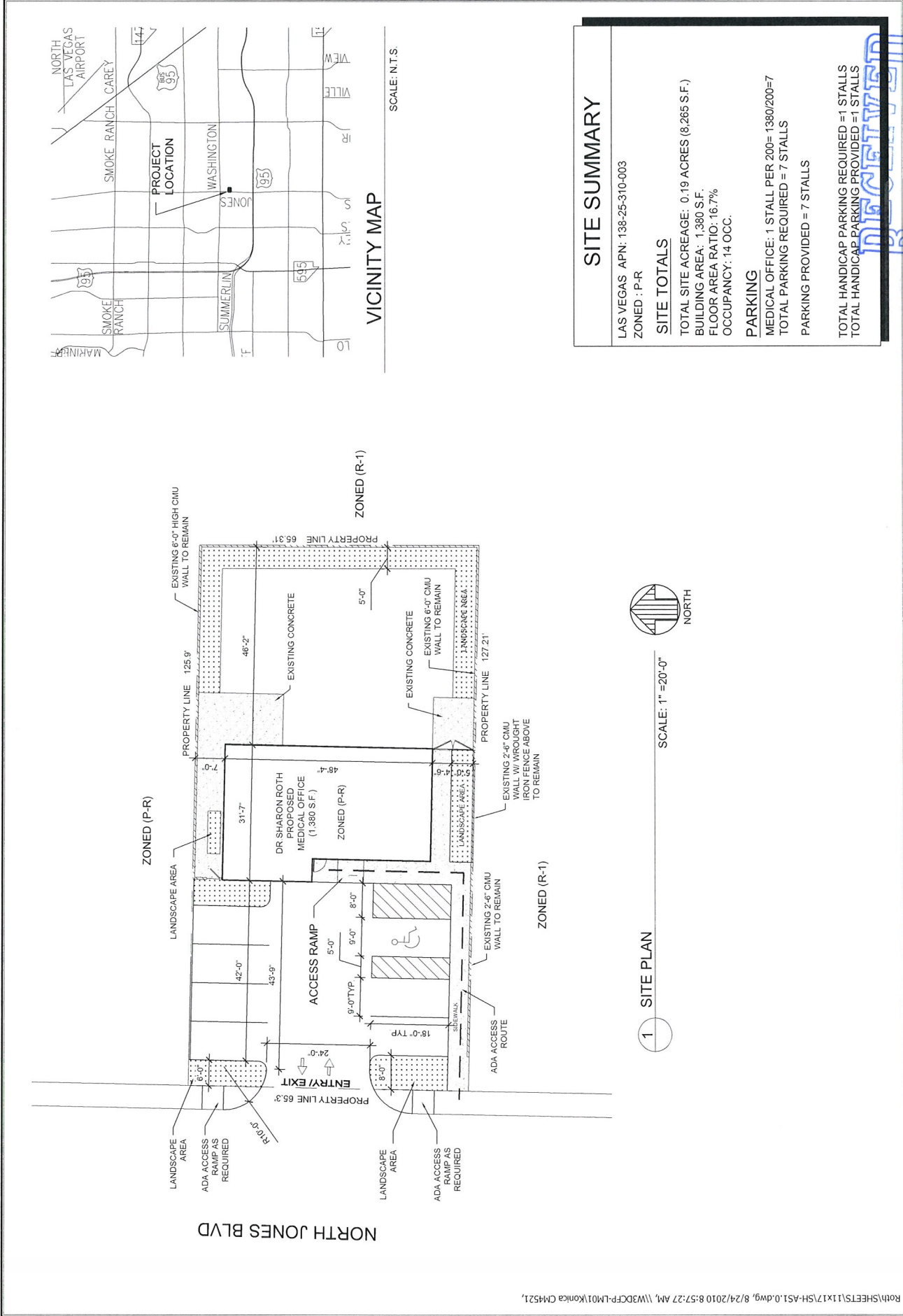


SITE PLAN

**DR. SHARON ROTH
 PROPOSED MEDICAL FACILITY**

708 N. JONES BLVD
 LAS VEGAS, NEVADA 89101

AS1.0



ROC-36960

SDR-36959

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AUG 24 2010



SCALE: 1" = 20'-0"

1. 3/4" DECOMPOSED GRANITE (MIN. 2" THICK LAYER) AT ALL PLANTING AREAS UNLESS NOTED.
2. TREES PLANTED AT AVG. 20-40" O.C. IN OFFSET ROWS IN LANDSCAPE AREA
3. ROOT BARRIERS TO BE USED FOR TREES PLANTED 5' WITHIN PUBLIC R.O.W
4. ALL LANDSCAPE AREAS TO RECEIVE COMPLETE AUTOMATIC PERMANENT UNDERGROUND DRIP IRRIGATION SYSTEM
5. NOTE: ALLEPO PINES ARE APPROXIMATELY 13'-14" TALL WHEN PLANTED. THEY TAKE 10-20 YEARS TO REACH THEIR MATURE AREAS HEIGHT OF 40'

ROC-36960
SDR-36959

AUG 24 2010

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LANDSCAPE PLAN

DRAWN BY: MB
 CHECKED BY: .
 JOB NUMBER: P2500
 DATE: 8-24-10

LM
CONSTRUCTION CO.

CONTRACTOR
Name, address and telephone number of the contractor to be contacted by the owner.
L.M. CONSTRUCTION CO.
(Company Name)
0017596A
(Contractor License #)
Larry M. Kishish
(Firm Prepared By)
(Signature)

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CONTRACTOR
 L.M. CONSTRUCTION CO.
 6106 S. SANDHILL RD.
 LAS VEGAS, NEVADA 89120
 (702) 262-6033 FAX (702) 262-6150
 NEVADA LIC # 00425564

CLIENT
 Las Vegas Medical
 (Please Print Name)
 (Please Print Address)
 (Please Print City, State, Zip)
 (Please Print Phone Number)
 (Please Print E-mail Address)

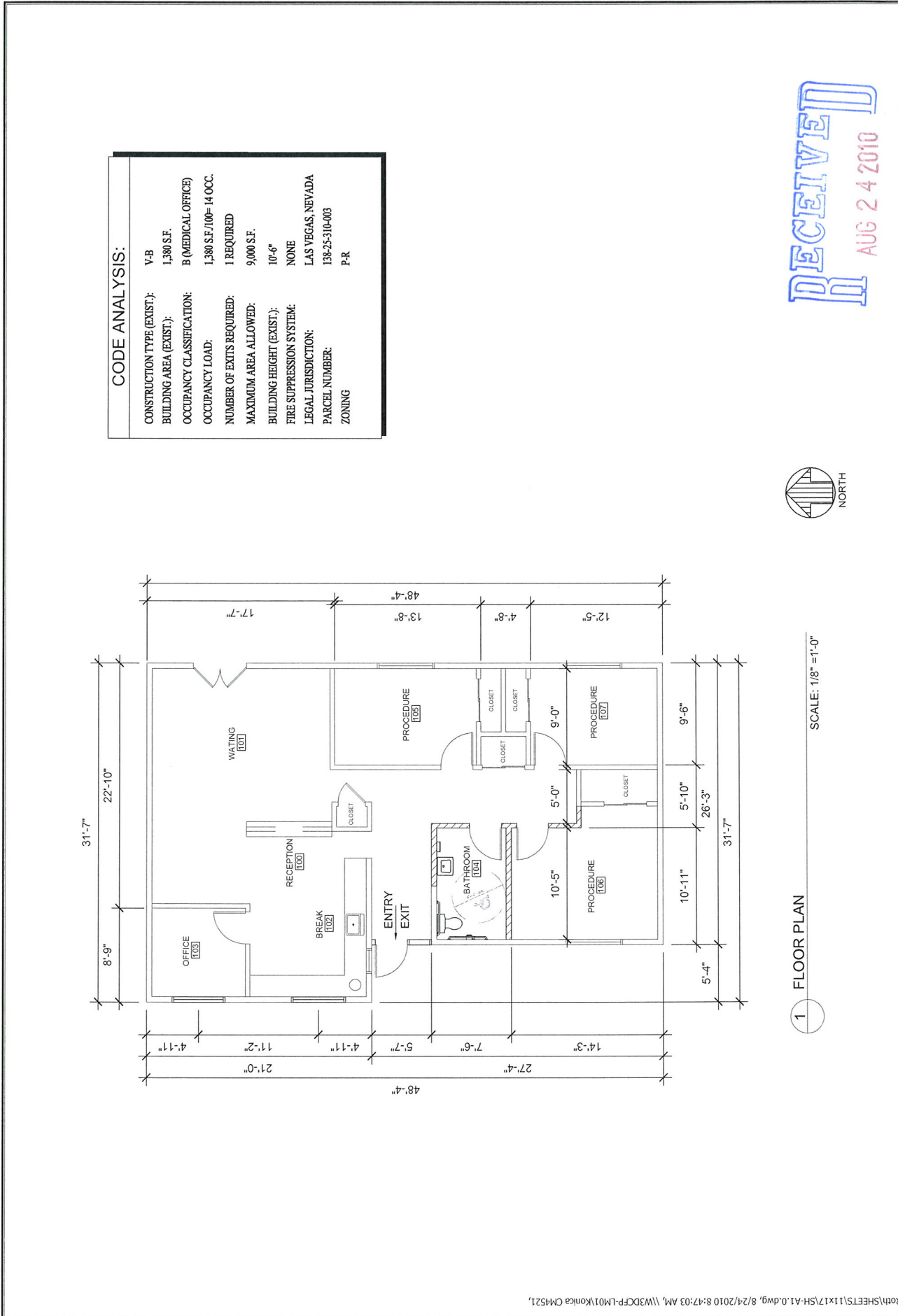
DATE: 8-24-10
 DRAWN BY: MB
 CHECKED BY: JMB
 DESIGNED BY: JMB

FLOOR PLAN
 DR. SHARON ROTH
 PROPOSED MEDICAL FACILITY
 708 N. JONES BLVD
 LAS VEGAS, NEVADA 89107

CONSTRUCTION CODE ANALYSIS:

CONSTRUCTION TYPE (EXIST.):	V-B
BUILDING AREA (EXIST.):	1,380 S.F.
OCCUPANCY CLASSIFICATION:	B (MEDICAL OFFICE)
OCCUPANCY LOAD:	1,380 S.F. / 100 = 14 OCC.
NUMBER OF EXITS REQUIRED:	1 REQUIRED
MAXIMUM AREA ALLOWED:	9,000 S.F.
BUILDING HEIGHT (EXIST.):	10'-6"
FIRE SUPPRESSION SYSTEM:	NONE
LEGAL JURISDICTION:	LAS VEGAS, NEVADA
PARCEL NUMBER:	138-25-310-003
ZONING:	P-R

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CONTRACTOR
 L.M. CONSTRUCTION CO.
 6108 S. SANDHILL RD.
 LAS VEGAS, NEVADA 89120
 (702) 262-0503 FAX (702) 262-6150
 NEVADA LIC. # 00425564

CLIENT
 DR. SHARON ROTH
 708 N. JONES BLVD
 LAS VEGAS, NEVADA 89107

PROJECT
 PROPOSED MEDICAL FACILITY

DATE
 8-24-10

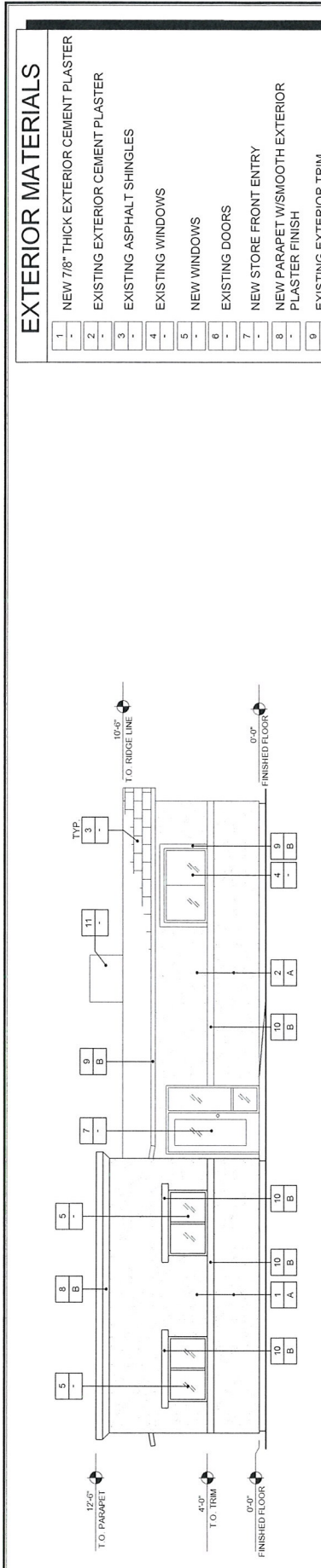
EXTERIOR MATERIALS

1	NEW 7/8" THICK EXTERIOR CEMENT PLASTER
2	EXISTING EXTERIOR CEMENT PLASTER
3	EXISTING ASPHALT SHINGLES
4	EXISTING WINDOWS
5	NEW WINDOWS
6	EXISTING DOORS
7	NEW STORE FRONT ENTRY
8	NEW PARAPET W/SMOOTH EXTERIOR PLASTER FINISH
9	EXISTING EXTERIOR TRIM
10	NEW EXTERIOR TRIM
11	EXISTING AC UNIT

EXTERIOR COLORS

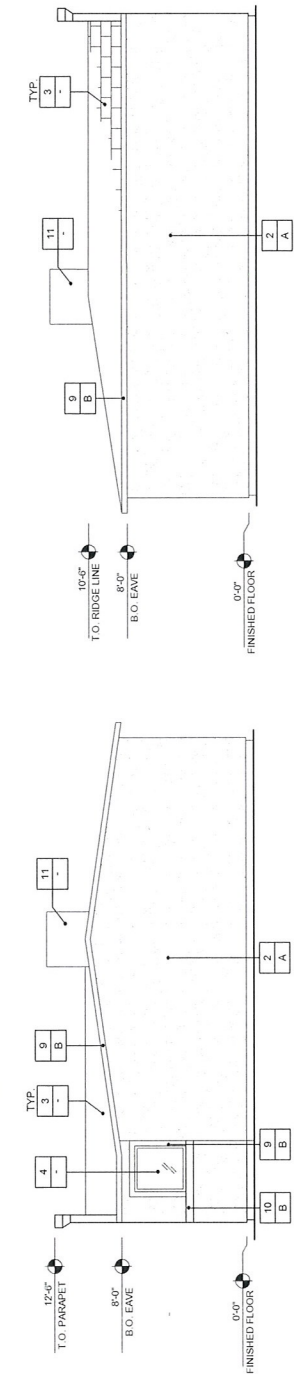
A	DUNN EDWARDS- ICE GRAY DEC790
B	DUNN EDWARDS- CAPE COD BLUE DEC 792

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1 WEST ELEVATION (FRONT)

SCALE: 1/8" = 1'-0"

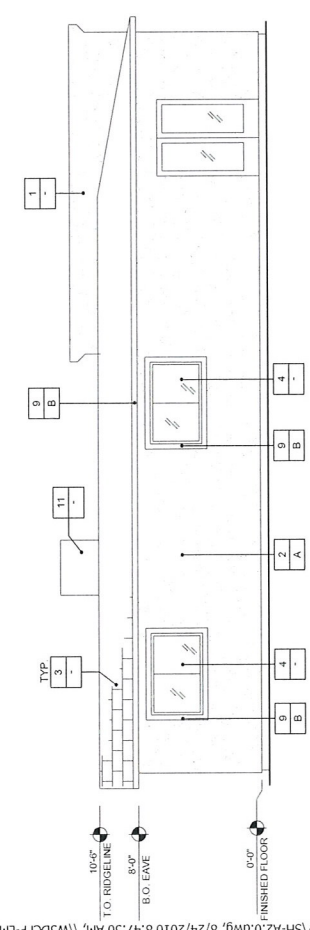


1 NORTH ELEVATION

SCALE: 1/8" = 1'-0"

1 SOUTH ELEVATION

SCALE: 1/8" = 1'-0"



1 EAST ELEVATION

SCALE: 1/8" = 1'-0"