



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-36959** 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 LABASTIDA

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



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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 Lebestida

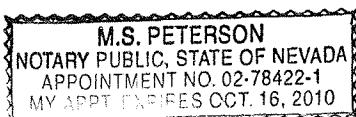
Subscribed and sworn before me

This 3rd day of November, 2009

Dr. A. Peterson

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case #	<u>SDR-36957</u>
Meeting Date:	<u>11/28/09</u>
Total Fee:	<u>1090.00</u>
Date Received:	<u>12/15/09</u>
Received By:	<u>MREX</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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