



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-38574** APN: 138-11-406-012

Name of Property Owner: PAITAKA Miyahira

Name of Applicant: Paitaka P. Miyahira or Tasey Miyahira

Name of Representative: Paitaka Miyahira or Geoff Robins

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: _____

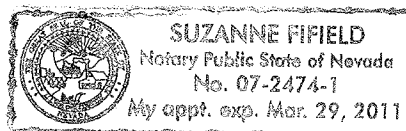
Signature of Property Owner: _____

Print Name: PAITAKA P. MIYAHIRA

Subscribed and sworn before me

This 15th day of June, 2010

Suzanne Fifeild
Notary Public in and for said County and State



RECEIVED

JUN 15 2010

PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: SPECIAL USE PERMIT
 Project Address (Location) 6640 W. CHEYENNE
 Project Name OHANA (FAMILY) CARE MANOR Proposed Use GROUP CARE
 Assessor's Parcel #(s) 138-11-406-012 Ward # 4
 General Plan: existing DR proposed C1 Zoning: existing _____ proposed _____
 Commercial Square Footage 22,314 Floor Area Ratio 48%
 Gross Acres 1.057 Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER PAT MIYAHIRA Contact PAT MIYAHIRA
 Address 6640 W. CHEYENNE Phone: 2891743 Fax: 645 7098
 City LAS VEGAS State NEVADA Zip 89105
 E-mail Address SUZY@MAUIONE INC.COM

APPLICANT PAITAKA MIYAHIRA Contact PAT MIYAHIRA
 Address 6640 W. CHEYENNE Phone: 2891743 Fax: 645 7098
 City LAS VEGAS State NEVADA Zip 89105
 E-mail Address SUZY@MAUIONE INC.COM

REPRESENTATIVE GEOFF ROBINS Contact GEOFF ROBINS
 Address 2261 ROSANNA ST Phone: 3762518 Fax: 228 4672
 City LAS VEGAS State NEVADA Zip 89117
 E-mail Address _____

Property Owner Signature* Tasey Miyahira

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

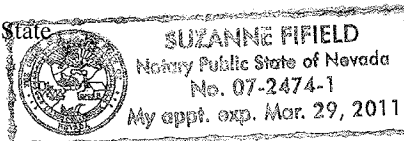
Print Name Tasey Miyahira Paitaka P. Miyahira

Subscribed and sworn before me

This 10th day of June, 20 10

Suzanne Fifield

Notary Public in and for said County and State



Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	<u>SUP-38574</u>
Meeting Date:	<u>7/29/10</u>
Total Fee:	<u>\$1,030.00</u>
Date Received:*	<u>6/15/10</u>
Received By:	<u>[Signature]</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.

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

JUN 15 2010