COPY

DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAC-42246 APN: see attached

Name of Property Owner: The Howard Hughes Company, LLC, A Delaware LLC

Name of Applicant: Same as Owner

Name of Representative: G. C. Wallace, Inc./Paul Burn, PLS

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: Kevin T. Orrock

Subscribed and sworn before me

This 10th day of May, 2011

Stella Clark

Notary Public in and for said County and State

STELLA CLARK
Notary Public-State of Nevada
APPT. NO. 06-107247-1
My App. Expires June 07, 2014

Revised 11-14-06

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137-34-416-001-83 (83)
164-03-112-84-103 (19)
164-03-112-104-237 (133)
164-03-415-804 (1)
164-03-415-007 (1)

Total 237

DEPARTMENT OF PLANNING

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APPLICATION / PETITION FORM

Application/Petition For: Vacation Street Right of Way

Project Address (Location) CrossBridge Drive and Sky Vista Drive- Summerlin

Project Name Reversionary Parcel Map **Proposed Use** _____

Assessor's Parcel #(s) See attached **Ward #** _____

General Plan: existing _____ proposed _____ **Zoning:** existing _____ proposed _____

Commercial Square Footage _____ **Floor Area Ratio** _____

Gross Acres 42.98 **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER The Howard Hughes Company LLC **Contact** Glenn Lowrimore

Address 10801 West Charleston Blvd. 3RD Floor **Phone:** 791-4600 **Fax:** 791-4660

City Las Vegas **State** Nevada **Zip** 89146

E-mail Address jlowrimore@howardhughes.com

APPLICANT Same as Above **Contact** _____

Address _____ **Phone:** _____ **Fax:** _____

City _____ **State** _____ **Zip** _____

E-mail Address _____

REPRESENTATIVE G.C. Wallace, Inc. **Contact** Paul Burn, PLS

Address 1555 South Rainbow Blvd **Phone:** 702-804-2010 **Fax:** 702-804-2299

City Las V gas **State** Nevada **Zip** 89135

E-mail Address pburn@gcwallace.com

Property Owner Signature* _____

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

Print Name KEVIN T. ORROCK

Subscribed and sworn before me

This 10th day of May, 20 11.

Stella Clark

Notary Public in and for said County and State

STELLA CLARK
Notary Public-State of Nevada
APPT. NO. 06-107247-1
My App. Expires June 07, 2014

FOR DEPARTMENT USE ONLY

Case #	VAC-42246
Meeting Date:	8/9/11
Total Fee:	$1,000
Date Received:*	6/22/11
Received By:	

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Revised 10/27/08