



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-44658** APN: _____

Name of Property Owner: DI PROPERTIES INC

Name of Applicant: SAM E. HAMICKA

Name of Representative: N/A

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: [Signature]

Print Name: SAM E. HAMICKA



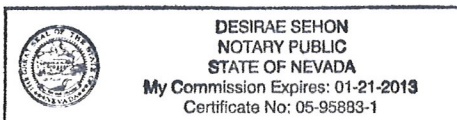
Subscribed and sworn before me

This 21 day of February, 2012

[Signature]

Notary Public in and for said County and State

State of Nevada County of Clark





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: _____

Project Address (Location) 3020 E. BONANZA AVE #150 LAS VEGAS NV.

Project Name MOJAVE MARKET Proposed Use _____

Assessor's Parcel #(s) 139-25-405-009 Ward # 3

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

Commercial Square Footage _____ Floor Area Ratio _____

Gross Acres _____ Lots/Units _____ Density _____

Additional Information _____

PROPERTY OWNER DI PROPERTIES INC Contact SAM E. HAMIK
Address 6860 KAREN MARIE AVE Phone: 480-5945 Fax: 453-9495
City LAS VEGAS NV. State NV Zip _____
E-mail Address smhamika@yahoo.com

APPLICANT SAM E. HAMIK Contact SAM E. HAMIK
Address 5164 Mountain Foliage Dr. Phone: 480-5945 Fax: 453-9495
City LAS VEGAS NV. State NV Zip 89148
E-mail Address smhamika@yahoo.com

REPRESENTATIVE N/A Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

Property Owner Signature* [Signature]

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

Print Name SAM E HAMIK

Subscribed and sworn before me

This 26 day of February, 20 12.

[Signature]
Notary Public in and for said County and State
State of Nevada
County of Clark



DESIRAE SEHON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-21-2013
Certificate No: 05-95883-1

FOR DEPARTMENT USE ONLY

Case #	<u>SUP-44658</u>
Meeting Date:	<u>4-10-12</u>
Total Fee:	<u>1290.00</u>
Date Received:*	<u>2-21-12</u>
Received By:	<u>[Signature]</u>

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

FLOOR PLAN SCALE 1'=1/4"

MOJAVE MINI MART
3020E. BONANZA AVE #150
LAS VEGAS NV 89101
APPROXIMATELY 2000SQ.FT
MAXIMUM OCCUPANCY 46

N

