



DEPARTMENT OF PLANNING

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STATEMENT OF FINANCIAL INTEREST

MAR 21 2013

Case Number **VAR-48706** APN: 163-03-803-012

Name of Property Owner: Robert F. + Theresa J. Nelson

Name of Applicant: Theresa Nelson

Name of Representative: _____

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: Theresa Nelson

Print Name: Theresa Nelson

Subscribed and sworn before me

This 21st day of March, 20 13

[Signature]
Notary Public in and for said County and State





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APPLICATION / PETITION FORM

Application/Petition For: Variance to allow 4 ft setback
Project Address (Location) 2221 Rosanna Street
Project Name Nelson Accessory Structure, Class II (Detached Garage) Storage
Assessor's Parcel #(s) 163-03-803-012 Ward # 1-Tarkanian
General Plan: existing DR proposed X Zoning: existing R-E proposed X
Commercial Square Footage Floor Area Ratio
Gross Acres .55 Lots/Units Density
Additional Information

PROPERTY OWNER Robert F. Theresa J. Nelson Contact Theresa Nelson
Address 2221 Rosanna Street Phone: 228-4219 Fax: 364-1865
City Las Vegas State NV Zip 89117
E-mail Address thenel@cox.net

APPLICANT Theresa Nelson Contact Theresa Nelson
Address 2221 Rosanna Street Phone: 228-4219 Fax: 364-1865
City Las Vegas State NV Zip 89117
E-mail Address thenel@cox.net

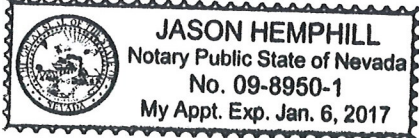
REPRESENTATIVE Contact
Address Phone: Fax:
City State Zip
E-mail Address

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies, false information or incomplete application may cause the application to be rejected. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

Property Owner Signature* Theresa Nelson
Print Name Theresa Nelson
Subscribed and sworn before me
This 21st day of March, 2013

FOR DEPARTMENT USE ONLY
Case # VAR-48706
Meeting Date: 5/14/2013
Total Fee: 830.00
Date Received: 3/2/2013
Received By: [Signature]

Notary Public in and for said County and State

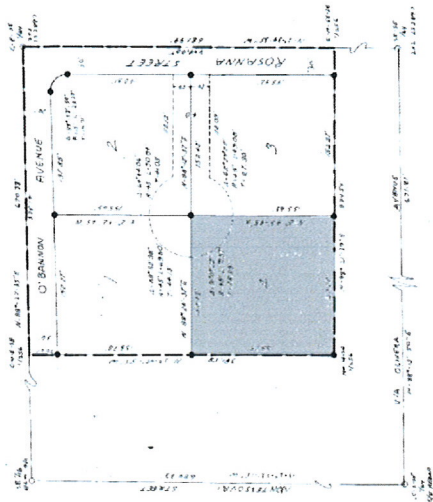
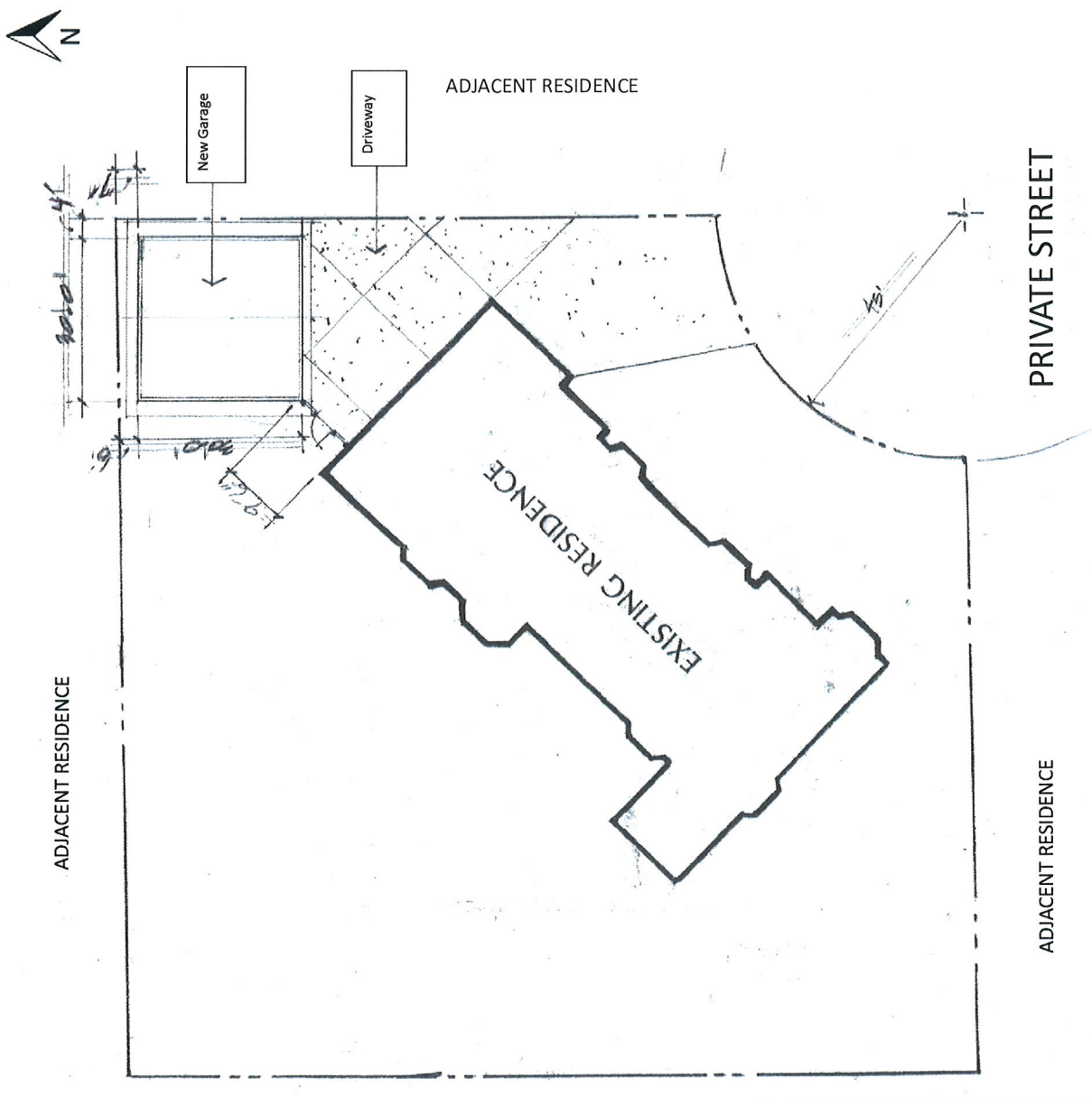


*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

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SITE PLAN

ADJACENT RESIDENCE



VAR-48706

