DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-50810 APN: 139-35-317-001

Name of Property Owner: Mission Springs Properties, L.L.C.

Name of Applicant: Downtown Tattoo

Name of Representative: Brian Orr

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: David Charron

Subscribed and sworn before me

This 31st day of July, 2013

Judy Cates Clark, Nevada

Notary Public in and for said County and State

JUDY CATES
Notary Public State of Nevada
No. 02-79102-1
My appt. exp. Dec. 12, 2014

PRJ-50646

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SUP

Project Address (Location) 1106 Fremont Street Las Vegas, NV 89101

Project Name Downtown Tattoo **Proposed Use** _____

Assessor's Parcel #(s) 139-35-317-001 **Ward #** _____

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

Commercial Square Footage 1,300 sf **Floor Area Ratio** _____

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

Additional Information _____

PROPERTY OWNER Mission Springs Properties, LLC **Contact** David Charron

Address 3870 E. Flamingo Rd. Ste A2-233 **Phone:** (702) 521-3198 **Fax:** _____

City Las Vegas **State** NV **Zip** 89101

E-mail Address dave@missionsprings.net

APPLICANT Downtown Tattoo **Contact** Brian Orr

Address 1106 Fremont Street **Phone:** (702) 806-6099 **Fax:** _____

City Las Vegas **State** NV **Zip** 89101

E-mail Address downtowntattoo@cox.net

REPRESENTATIVE Downtown Tattoo **Contact** Brian Orr

Address 1106 Fremont Street **Phone:** (702) 806-6099 **Fax:** _____

City Las Vegas **State** NV **Zip** 89101

E-mail Address downtowntattoo@cox.net

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* _____

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

Print Name David Charron

Subscribed and sworn before me

This 31st day of July, 2013.

_____

Notary Public in and for said County and State Clark, Nevada

JUDY CATES
Notary Public State of Nevada
No. 02-79102-1
My appt. exp. Dec. 12, 2014

Revised 10/27/08

FOR DEPARTMENT USE ONLY

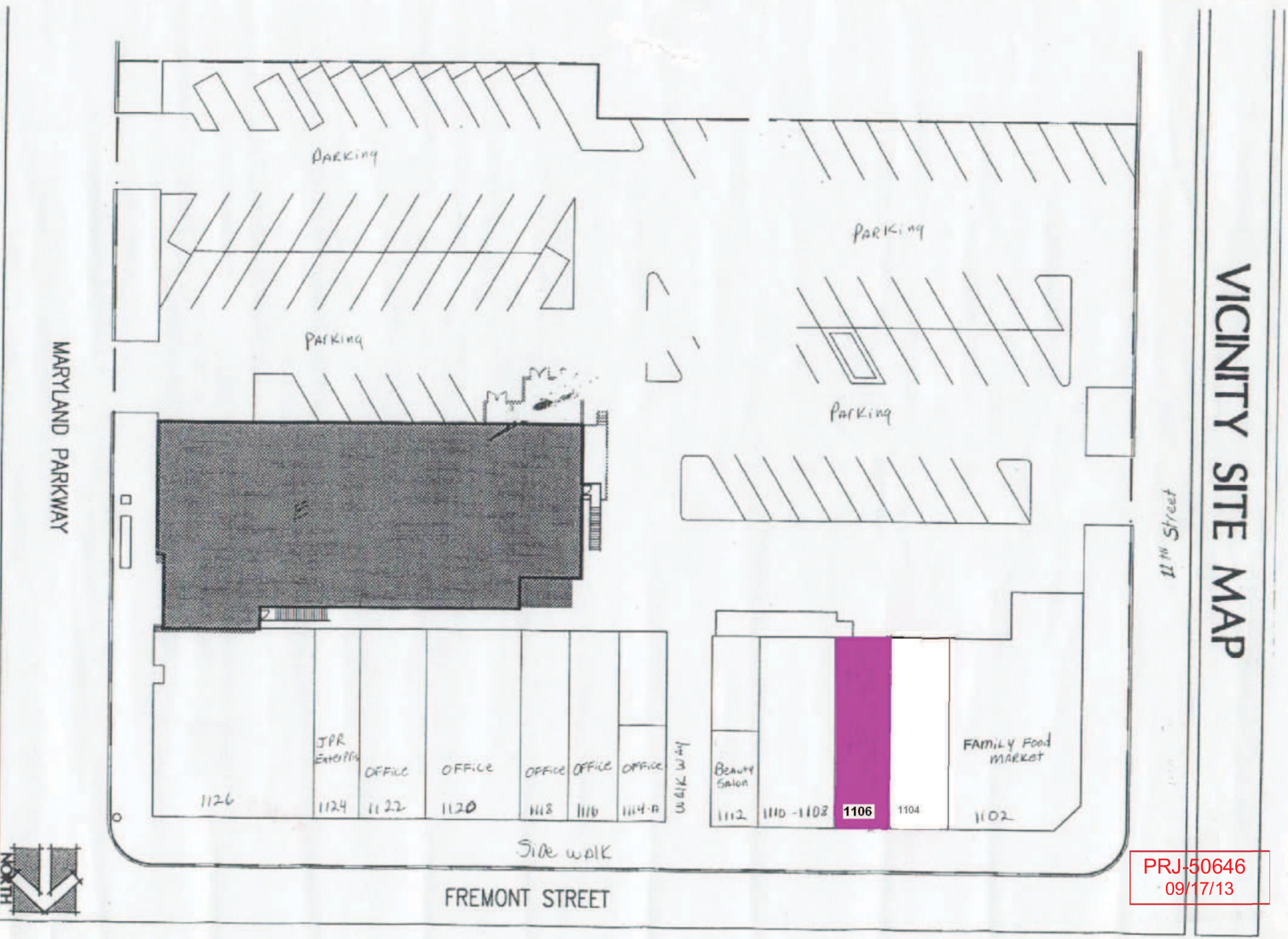
Case #	SUP-50810
Meeting Date:	
Total Fee:	10/08/13 PC
Date Received:*	
Received By:	

*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.

PRJ-50646
08/13/13

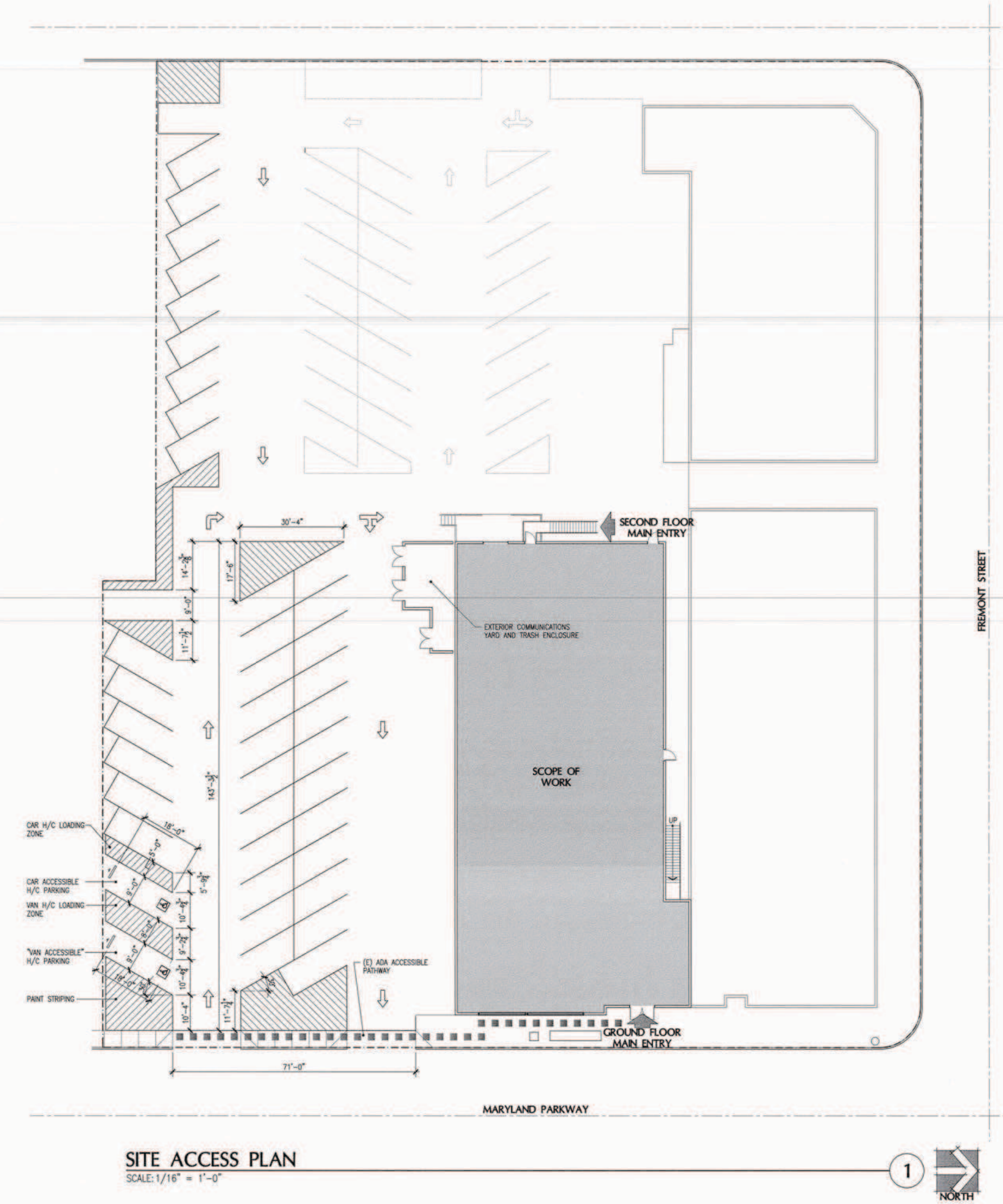
f:\depot\Application Packet\Application Form.pdf

VICINITY SITE MAP



PRJ-50646
09/17/13

SUP-50810 REVISED



SITE ACCESS PLAN

SCALE: 1/16" = 1'-0"

1

REVISIONS		
Rev.	Description	Date

Consultant:

Do Not Scale This Drawing. These Drawings, as Instruments of Service, are and Shall Remain the Property of the Design Professional.

Project Title: FREMONT BUILDING IMPROVEMENTS

Sheet Title: SITE ACCESS PLAN

Seal:

Architect:
ARCHITECTS
1500 E. TROPICANA AVE., SUITE 201 LAS VEGAS, NEVADA 89119
(702) 731-0363 FAX (702) 731-9266
E-MAIL: HCA@HCAarchitects.com

PERMIT SET

Project No.: 2003009.00

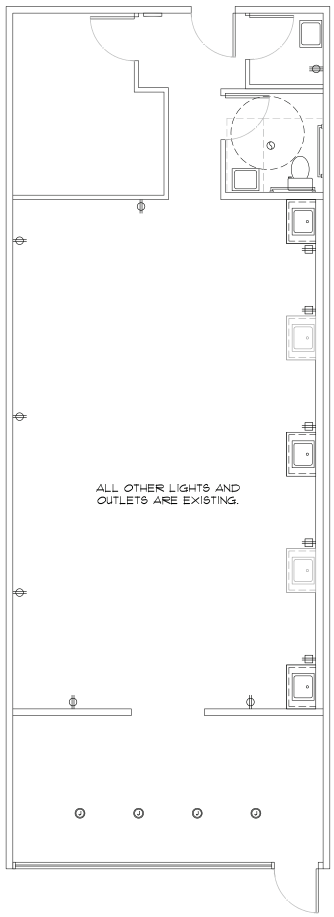
Date: 4/17/03

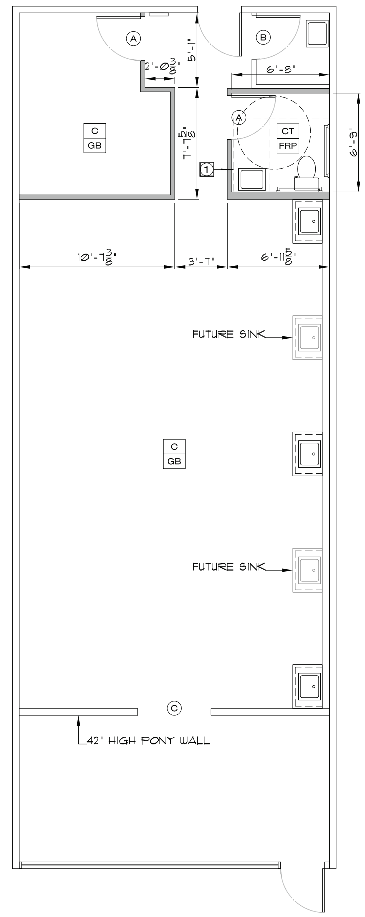
Drawn By: SY | Check By: CF

Sheet No.: A1.0.1

PRJ-50646
08/21/13

SUP-50810





ELECTRICAL SYMBOLS

- DUPLEX OUTLET
- GFCI OULET
- 220V OUTLET
- 'J' BOX
- SWITCH
- EXHAUST FAN

-ALL HARDWARE TO BE BRUSHED STAINLESS STEEL.

-ALL HARDWARE TO BE INSTALLED AT 34" MIN. 48" MAX. A.F.F. PER ANSI404.2.6

FLOOR FINISHES

C= CONCRETE
CT= CERAMIC TILE

WALL FINISHES

GB= GYPSUM BOARD, FINISH PER OWNER
COLOR: BY OWNER
(2) COATS EGGSHELL FINISH
FRP= GYP. BD. w/ FIBER REINF. PANEL
(4'-0" WAINSCOT)

WALL BASE

ALL WALL BASE SHALL BE 6" VINYL ROPPE OR JOHNSONITE

ALL DRYWALL CORNER BEAD SHALL BE BULLNOSE

X = FLOOR FINISH
X = WALL FINISH

= EXISTING WALL
= NEW WALL

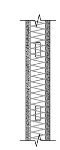
DOOR TYPES

(A) S.C. WOOD, TIMELY H.M., PAINTED (PRIVACY)

(B) EXISTING DOOR TO REMAIN

(C) 1/2 DUTCH DOOR

WALL TYPES



1
3-5/8" METAL STUDS @ 16" O.C.
(1) LAYER 5/8" GYP. BOARD EACH SIDE
INSULATION OPTIONAL
WOOD STUDS CAN BE USED IN LIEU OF METAL

MORGAN HOMES
JOHN MORGAN
PH: 702.580-5214
LIC. # 0053565

CS DESIGN GROUP
6465 WEST SAHARA AVE, SUITE 1__
LAS VEGAS, NEVADA
PHONE (702) 312-3422
FAX (702) 312-342_

PRJ-50646
08/21/13

DOWNTOWN TATTOO T.I.

1106 EAST FREMONT ST.
LAS VEGAS, NEVADA

DATE: 8/7/13
JOB NO.: M13-055
NOTED AND ELECTRICAL PLAN
A1.0
SCALE: 1/4"=1'-0"

SUP-50810