



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-50820** APN: 138-02-513-004

Name of Property Owner: Jeffrey D. Payson

Name of Applicant: Jeffrey D. Payson

Name of Representative: Jeffrey D. Payson

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: _____

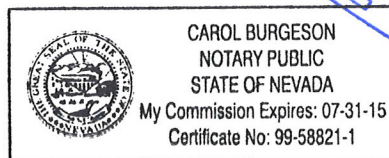
Signature of Property Owner: [Signature]

Print Name: Jeffrey D. Payson

Subscribed and sworn before me

This 22nd day of July, 2013

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





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit / Accessory Structure 1
 Project Address (Location) 4720 Windy Hollow St. LV, NV. 89130
 Project Name Payson Custom Home Proposed Use Residence
 Assessor's Parcel #(s) 138-02-513-004 Ward # 4
 General Plan: existing _____ proposed _____ Zoning: existing R-PD(2) proposed R-PD(2)
 Commercial Square Footage N/A Floor Area Ratio _____
 Gross Acres 0.46 Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER Jeffrey D. Payson Contact 658-2086 / Jeff Payson
 Address 7065 W. ANN RD. Ste 130-512 Phone: 460-4297 Fax: _____
 City Las Vegas State NV. Zip 89130
 E-mail Address Vegasdog@hotmail.com

APPLICANT Jeffrey D. Payson Contact _____
 Address same Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

REPRESENTATIVE Jeffrey D. Payson Contact _____
 Address same 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* [Signature]

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

Print Name Jeffrey D. Payson

Subscribed and sworn before me

This 22nd day of July, 20 13.

[Signature]

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # SUP-50820
 Meeting Date: 10-8-13
 Total Fee: 1030.00
 Date Received:* 8-22-13
 Received By: [Signature]

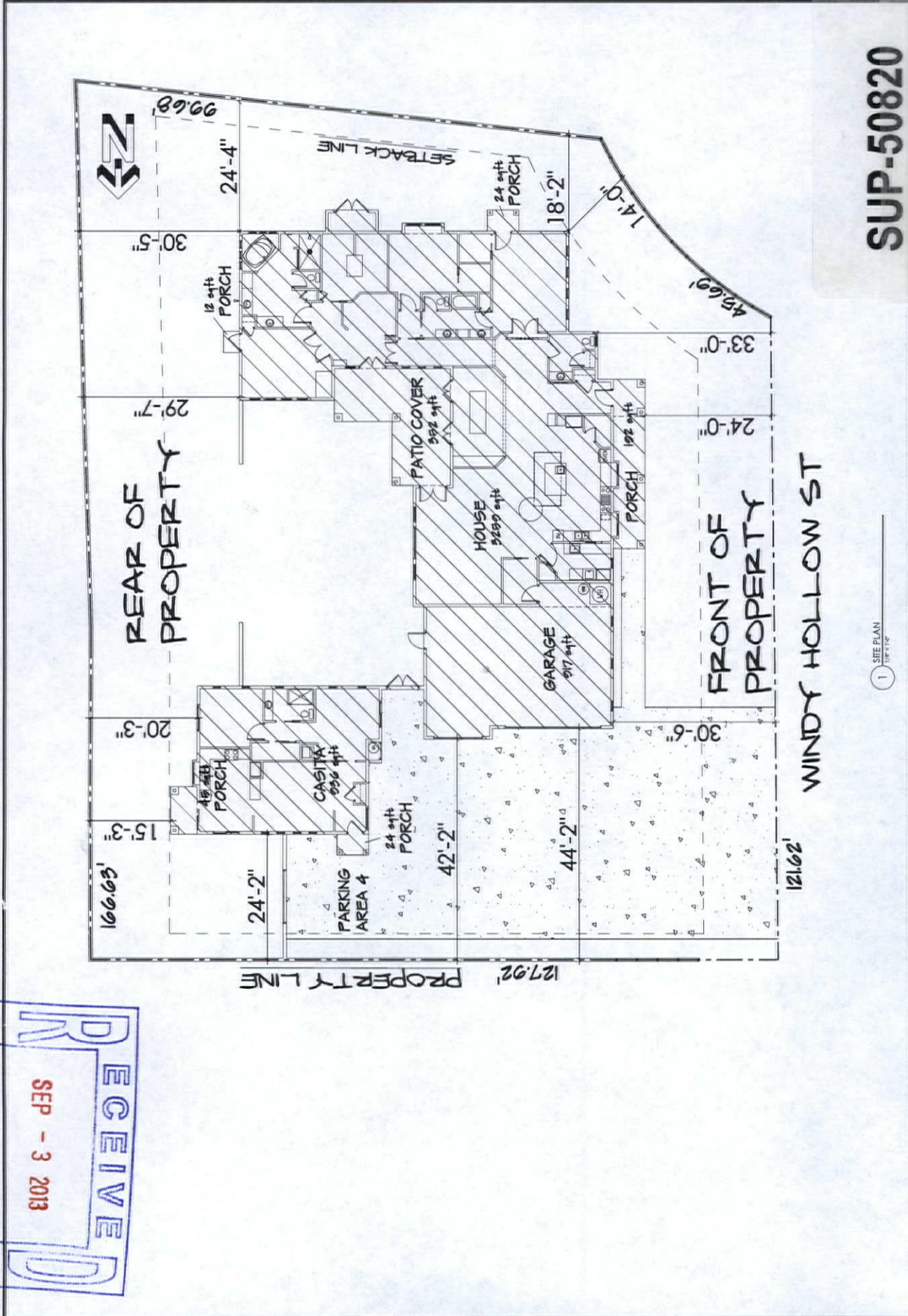
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

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

OWNER / BUILDER

SITE PLAN
 PAYSON RESIDENCE
 4720 WINDY HOLLOW ST. LAS VEGAS, NV
 PARCEL # 138-02-513-004
 LONE MOUNTAIN KRAFT - BLOCK 1 - LOT 4

DATE: 8-2-13
 A-0.1



SUP-50820
REVISED

1 SITE PLAN
 11/11/13

RECEIVED
 SEP - 3 2013
 City of Las Vegas
 Department of Planning

OWNER / BUILDER

DATE 8-18-13

A-2.1

ELEVATIONS

PAYSON RESIDENCE

4720 WINDY HOLLOW ST., LAS VEGAS, NV

PARCEL # 138-02-613-004

LOVE MOUNTAIN KRAFT - BLOCK 1 - LOT 4

DATE 8-18-13

A-2.1

SUP-50820

RECEIVED

AUG 22 2013

