



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAR-51766
PRJ-51608 APN: 162-02-113-006

Name of Property Owner: C&C MEDICAL PLAZA LLC

Name of Applicant: Carmen Espitia and Carlos Jimenez

Name of Representative: Sheldon Colen

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: CARLOS JIMENEZ / CARMEN ESPITA

Subscribed and sworn before me

This 23 day of October, 2013

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





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: MEDICAL CLINIC ADDITION
Project Address (Location) 1640 E. CHARELESTON BLVD
Project Name ADELANTE FAMILY MEDICAL CLINIC Proposed Use _____
Assessor's Parcel #(s) 162-02-113-006 Ward # _____
General Plan: existing _____ proposed _____ Zoning: existing C-1 proposed _____
Commercial Square Footage 2,457 SF Floor Area Ratio _____
Gross Acres 0.16 ACRES Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER C&C MEDICAL PLAZA LLC Contact _____
Address 8343 AGNEW VALLEY CT. Phone: _____ Fax: _____
City LAS VEGAS State NV Zip 89178
E-mail Address _____

APPLICANT CARMEN ESPITIA & CARLOS JIMENEZ Contact (702) 419-7944
Address 1640 E. CHARLESTON BLVD. Phone: _____ Fax: _____
City LAS VEGAS State NV Zip 89104
E-mail Address ESPITIA7@YAHOO.COM

REPRESENTATIVE SHELDON COLEN Contact _____
Address 9017 S PECOS RD STE 4450 Phone: (702) 719-2020 Fax: (702) 269-9673
City HENDERSON State NV Zip 89074
E-mail Address SHELDON@SCADESIGN.COM

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 CARLOS JIMENEZ / CARMEN ESPITIA

Subscribed and sworn before me

This 23 day of October, 2013.

Notary Public in and for said County and State



ANA D. QUINTANILLA
Notary Public, State of Nevada
Appointment No. 11-5248-1
My Appt. Expires Jul 22, 2015

Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case # VAR-51766

Meeting Date: 12/10/13 PC

Total Fee:

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.

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