DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAC-52434 APN: 125-24-410-003

Name of Property Owner: South Providence Holdings, LLC

Name of Applicant: South Providence Holdings, LLC

Name of Representative: Focus Managment Services

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: Thomas J. DeVore

Subscribed and sworn before me

This 18th day of NOVEMBER, 2013

_____

Notary Public in and for said County and State

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
S. MANNSUR-JOHNSTON
Appt. No. 03-79990-1
My Appt. Expires Feb. 5, 2015

PRJ-51934
11/06/14

DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAC-52434 APN: 125-24-401-006

Name of Property Owner: S P-5, LLC

Name of Applicant: S P-5, LLC

Name of Representative: Focus Managment Services

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: Thomas J. DeVore

Subscribed and sworn before me

This 18th day of NOVEMBER, 2013

_____

Notary Public in and for said County and State

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
S. MANNSUR-JOHNSTON
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PRJ-51934
01/06/14

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: ~~Tentative Map~~ Vacation

Project Address (Location) Shaumber and Rome

Project Name POD 308 **Proposed Use**

Assessor's Parcel #(s) 126-24-410-003 **Ward #** 6

General Plan: existing proposed **Zoning:** existing U proposed PD

Commercial Square Footage **Floor Area Ratio**

Gross Acres 14.12 **Lots/Units** ~~85~~ 86 **Density** 6.0

Additional Information

PROPERTY OWNER South Providence Holdings, LLC **Contact**

Address 3455 Cliff Shadows Pkwy #220 **Phone:** **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address

APPLICANT CG-211, LLC **Contact**

Address 3455 Cliff Shadow Pkwy #220 **Phone:** **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address

REPRESENTATIVE Focus Managment Services **Contact** Chris Dingell

Address 3455 Cliff Shadows Pkwy #220 **Phone:** 7022424949 **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address cdingell@fcglv.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* _____

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

Print Name Thomas J DeVore

Subscribed and sworn before me

This 18th day of November, 20 13.

_____

Notary Public in and for said County and State

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
S. MANNSUR-JOHNSTON
Appt. No. 03-79990-1
My Appt. Expires Feb. 5, 2015

Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case #	VAC-52434
Meeting Date:	03/11/14 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.

PRJ-51934
12/26/13

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DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: ~~Tentative Map~~ Vacation

Project Address (Location) Shaumber and Rome

Project Name POD 308 **Proposed Use**

Assessor's Parcel #(s) 126-24-401-006 **Ward #** 6

General Plan: existing proposed **Zoning:** existing U proposed PD

Commercial Square Footage **Floor Area Ratio**

Gross Acres 14.12 **Lots/Units** ~~85~~ 86 **Density** 6.1

Additional Information

PROPERTY OWNER S P-5, LLC **Contact**

Address 3455 Cliff Shadows Pkwy #220 **Phone:** **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address

APPLICANT CG-211, LLC **Contact**

Address 3455 Cliff Shadow Pkwy #220 **Phone:** **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address

REPRESENTATIVE Focus Managment Services **Contact** Chris Dingell

Address 3455 Cliff Shadows Pkwy #220 **Phone:** 7022424949 **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address cdingell@fcglv.com

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Property Owner Signature* _____

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

Print Name Thomas J DeVore

Subscribed and sworn before me

This 18th day of November, 2013.

_____

Notary Public in and for said County and State

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
S. MANNSUR-JOHNSTON
Appt. No. 03-79990-1
My Appt. Expires Feb. 5, 2015

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PRJ-51934
12/26/13

Revised 10/27/08

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DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Vacation

Project Address (Location)

Project Name POD 308 **Proposed Use**

Assessor's Parcel #(s) 126-24-401-024 **Ward #** 6

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

Commercial Square Footage **Floor Area Ratio**

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

Additional Information

PROPERTY OWNER NVRE, LLC **Contact** LEVI PARKER

Address 3425 Cliff Shadows Pkwy #130 **Phone:** 331-2800 **Fax:** 331-2801

City Las Vegas **State** NV **Zip** 89129

E-mail Address

APPLICANT South Providence Holdings **Contact**

Address 3455 Cliff Shadows Pkwy #220 **Phone:** **Fax:**

City Las Vegas **State** NV **Zip** 89129

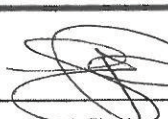
E-mail Address

REPRESENTATIVE Focus Management Services **Contact** Chris Dingell

Address 3455 Cliff Shadows Pkwy #220 **Phone:** (702) 242-4949 **Fax:**

City Las Vegas **State** NV **Zip** 89129

E-mail Address cdingell@fcglv.com

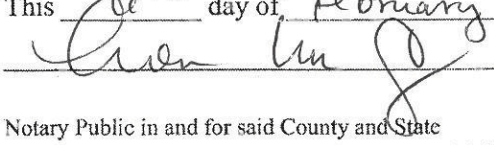
Property Owner Signature* 

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

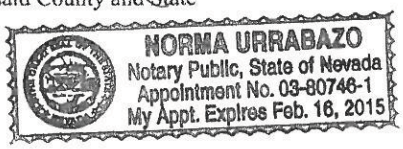
Print Name LEVI PARKER

Subscribed and sworn before me

This 6th day of February, 2014.



Notary Public in and for said County and State



Revised 10/27/08

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PRJ-51934
02/13/14