



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: WVR-52169 APN: 125-19-301-007 and 008

Name of Property Owner: G Spring, LLC

Name of Applicant: Richmond American Homes

Name of Representative: Slater Hanifan Group

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: _____

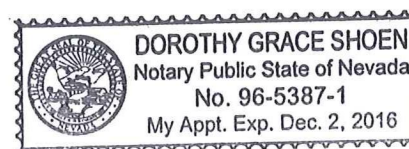
Signature of Property Owner: *K. R. Roohani*

Print Name: KHUSROW ROOHANI

Subscribed and sworn before me

This 18th day of October, 2013

Dorothy Grace Shoen
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Waiver
 Project Address (Location) Deer Springs/Grand Canyon
 Project Name Connor Hills Proposed Use _____
 Assessor's Parcel #(s) 125-19-301-007 and 008 Ward # _____
 General Plan: existing DR proposed ML Zoning: existing U proposed R-CL
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 10.13 Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER G Spring, LLC Contact _____
 Address 9315 W. Sunset Road, Suite 100 Phone: _____ Fax: _____
 City Las Vegas State Nevada Zip 89148
 E-mail Address _____

APPLICANT Richmond American Homes Contact Brian Walsh
 Address 7770 South Dean Martin Drive, Suite 308 Phone: (702) 617-8422 Fax: _____
 City Las Vegas State Nevada Zip 89139
 E-mail Address _____

REPRESENTATIVE Slater Hanifan Group Contact Chelsea Peltier
 Address 5740 S. Arville St. # 216 Phone: (702) 284-5300 Fax: (702) 284-5399
 City Las Vegas State Nevada Zip 89118
 E-mail Address cpeltier@shg-inc.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 KHUSROW ROOHANI

Subscribed and sworn before me

This 18th day of October, 20 13.

Dorothy Grace Shoen

Notary Public in and for said County and State



DOROTHY GRACE SHOEN
 Notary Public State of Nevada
 No. 96-5387-1
 My Appt. Exp. Dec. 2, 2016

FOR DEPARTMENT USE ONLY

Case # WVR-52169
 Meeting Date: 01/14/14 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.