



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-53750** APN: 163-03-804-009Name of Property Owner: Sam ShakibName of Applicant: Faith Lutheran Middle School & High SchoolName of Representative: Rhea Delgado

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: _____

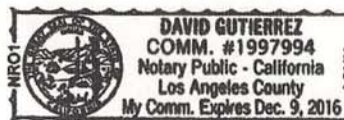
Signature of Property Owner: _____

Print Name: Sam Shakib

Subscribed and sworn before me

This 16 day of APRIL, 2014

Notary Public in and for said County and State





AP001

DEPARTMENT OF PLANNING**APPLICATION / PETITION FORM**

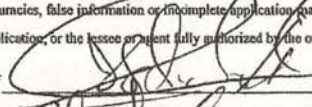
Application/Petition For: Faith Lutheran Thrift Store
 Project Address (Location): 2211 South Rainbow Boulevard, Las Vegas, NV 89146
 Project Name: Faith Lutheran Thrift Store Proposed Use: Thrift Shop
 Assessor's Parcel #(s): 163-03-804-009 Ward #: 1 - Tarkanian
 General Plan: existing SC proposed _____ Zoning: existing C-1 proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 3.69 Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER O'Bannon LLC Contact Sam Shakib
 Address 16461 Sherman Way, #140 Phone: _____ Fax: _____
 City Van Nuys State CA Zip 91406
 E-mail Address _____

APPLICANT Faith Lutheran Middle School & High Sch Contact Rhea Delgado
 Address 2015 S. Hualapai Way Phone: (702) 245-5511 Fax: _____
 City Las Vegas State NV Zip 89117
 E-mail Address DelgadoR@flhsemail.org

REPRESENTATIVE _____ Contact _____
 Address _____ 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* 

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

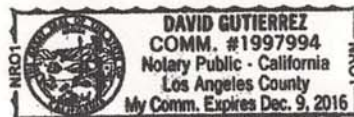
Print Name Sam Shakib

Subscribed and sworn before me

This 16th day of April, 2014

Notary Public in and for said County and State

Revised 10/27/08

**FOR DEPARTMENT USE ONLY**Case # **SUP-53750**Meeting Date: **06/10/14 PC**

Total Fee: _____

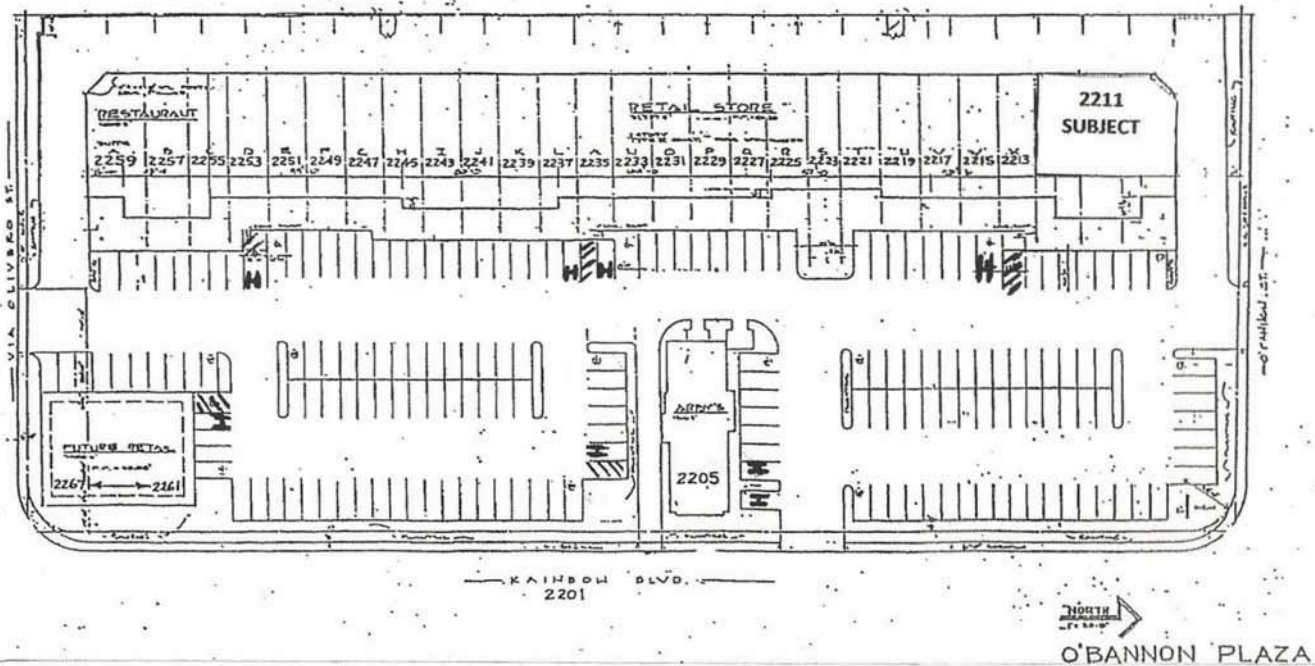
Date Received: *

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.

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

PRJ-53658
04/17/14



Parking Count: 177 regular + 8 handicap= 185 Total

PRJ-53658
05/05/14

SUP-53750 - REVISED

SUP-53750 - REVISED

PRJ-53658
05/05/14

TITLE

FP001

DATE ORIGINAL
4/8/2014

LATEST REVISION

Faith Lutheran Thrift Store

SCALE

1/2" = 1'

TOTAL SQ. FT. 6,020

CHECKED

DRAWN

REVISIONS

TOTAL SQ. FT. 6,020

