



## DEPARTMENT OF PLANNING

### STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-52715 APN: 139-35-211-093

Name of Property Owner: Southern Nevada Housing Authority

Name of Applicant: Fitzhouse Enterprises, Inc.

Name of Representative: John T. Moran III, Esq.

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: N/A

Partner(s): N/A N/A

APN: N/A

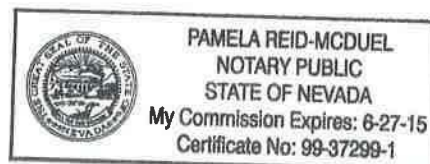
Signature of Property Owner: [Signature]

Print Name: John T. Moran III

Subscribed and sworn before me

This 13th day of January, 2014  
Pamela Reid-McDuel  
Notary Public in and for said County and State

Revised 11-14-06



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PRJ-52498  
01/23/14



# DEPARTMENT OF PLANNING

## APPLICATION / PETITION FORM

Application/Petition For: SUP: Substance Abuse/Mental Health Services (LVMC 19.12.050)  
 Project Address (Location) 323 North Maryland Parkway  
 Project Name Community Triage and Involvement Center Proposed Use Treatment Facility  
 Assessor's Parcel #(s) 139-35-211-093 Ward # 3  
 General Plan: existing MXU proposed \_\_\_\_\_ Zoning: existing C-1 proposed same  
 Commercial Square Footage \_\_\_\_\_ Floor Area Ratio \_\_\_\_\_  
 Gross Acres 27 Lots/Units \_\_\_\_\_ Density \_\_\_\_\_  
 Additional Information \_\_\_\_\_

PROPERTY OWNER Southern NV Housing Authority Contact John Hill  
 Address 340 N. 11th Street Phone: (702) 922-6800 Fax: (702) 435-3039  
 City Las Vegas State NV Zip 89101  
 E-mail Address \_\_\_\_\_

APPLICANT Fitzhouse Enterprises, Inc. Contact Michael Lavin  
 Address 900 Grier Drive Suite A Phone: (702) 385-2090 Fax: \_\_\_\_\_  
 City Las Vegas State NV Zip 89119  
 E-mail Address mlavin@westcare.com

REPRESENTATIVE Moran Law Firm, LLC Contact John T. Moran III, Esq.  
 Address 630 S. 4th Street Phone: (702) 384-8424 Fax: (702) 384-6568  
 City Las Vegas State NV Zip 89101  
 E-mail Address JT3.Moran@moranlawfirm.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]

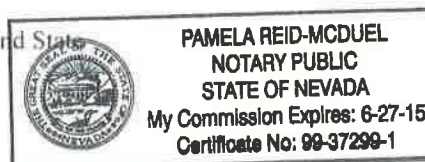
\* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name John Hill

Subscribed and sworn before me

This 13th day of January 2014  
Pamela Reid-McDuel

Notary Public in and for said County and State



Revised 10/27/08

### FOR DEPARTMENT USE ONLY

Case # SUP-52715  
 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.

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