DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-52717 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:

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 11-14-06

PAMELA REID-MCDUEL
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 6-27-15
Certificate No: 99-37299-1

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PRJ-52498
01/23/14

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SUP: Social Service Provider

Project Address (Location) 323 North Maryland Parkway

Project Name Community Triage and Involvement Center **Proposed Use** Treatment Facility

Assessor's Parcel #(s) 139-35-211-071, 072 and 093 **Ward #** 5

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) 436-3039

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* _____

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

Print Name _____

Subscribed and sworn before me

This _____ day of _____, 20 _____.

_____

Notary Public in and for said County and State

FOR DEPARTMENT USE ONLY

Case #	SUP-52717
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-52498
01/23/14

Revised 10/27/08