



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

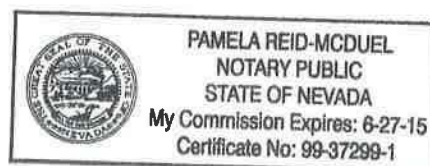
Signature of Property Owner: [Signature]

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: 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

Revised 10/27/08

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.

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