DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-52956** APN: 139-21-510-281 & -282, 139-21-610-012, 013, 014

Name of Property Owner: Church Mount Sinai Missionary

Name of Applicant: Church Mount Sinai Missionary/ Dr. Rogers

Name of Representative: Church Mount Sinai Missionary/ Dr. Rogers

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: _____

RECEIVED
FEB 13 2014

Signature of Property Owner: Dr. S. S. R.

Print Name: Dr. Sylvester S. Rogers

Subscribed and sworn before me

This 12th day of February, 2014

Loree B. Piper

Notary Public in and for said County and State

LOREE B. PIPER
Notary Public, State of Nevada
No: 91-0968-1
My appt exp. Mar. 28, 2017

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Site Development Plan (SDR)

Project Address (Location) 989, 1000, 1013, 1024, 1025 Balzar Ave.

Project Name Mt. Sinai Church **Proposed Use** Worship/Offices

Assessor's Parcel #(s) 139-21-610-012, -013, -014 &139-21-510-281, -282 **Ward #** 5 - Barlow

General Plan: existing MLA proposed PF **Zoning:** existing R-2 proposed C-V

Commercial Square Footage _____ **Floor Area Ratio** _____

Gross Acres 1.28 **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER Church Mount Sinai Missionary **Contact** Dr. Rogers

Address 1025 Balzar Ave **Phone:** 7023761751 **Fax:** (702) 648-0223

City Las Vegas **State** NV **Zip** 89109

E-mail Address thegreatermtsinai@yahoo.com

APPLICANT Church Mount Sinai Missionary **Contact** Dr. Rogers

Address 1025 Balzar Ave **Phone:** 7023761751 **Fax:** (702) 648-0226

City Las Vegas **State** NV **Zip** 89109

E-mail Address thegreatermtsinai@yahoo.com

REPRESENTATIVE Church Mount Sinai Missionary **Contact** Dr. Rogers

Address 1025 Balzar Ave **Phone:** 7023761751 **Fax:** 708-648

City Las Vegas **State** NV **Zip** 89109

E-mail Address thegreatermtsinai@yahoo.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* Dr. S. Rogers

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

Print Name Dr. Sylvester S. Rogers

Subscribed and sworn before me

This 12th day of February, 20 14.

Loree B Piper

Notary Public in and for said County and State

LOREE B. PIPER
Notary Public, State of Nevada
No: 91-0968-1
My appt exp. Mar. 28, 2017

FOR DEPARTMENT USE ONLY

Case #	SDR-52956
Meeting Date:	4/8/14
Total Fee:	$ 1030.00
Date Received:*	2-13-14
Received By:	JF

*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.