



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-52991** APN: 138-22-418 -008
Name of Property Owner: Sea Breeze Village, LLC
Name of Applicant: JOSEPH SORACI
Name of Representative: MONICA GODINEZ

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): _____

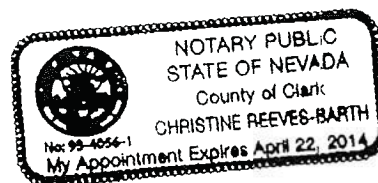
APN: _____
Sea Breeze Village, LLC

Signature of Property Owner: Laura Groseth

Print Name: Laura Groseth,
Corp. Secretary

Subscribed and sworn before me

This 20 day of Feb 2014
Christine Reeves-Barth
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SUP FOR LIQUOR LICENSE
 Project Address (Location) 1780 N. BUFFALO DR. #101 LAS VEGAS, NV 89129
 Project Name MITERRA AUTHENTIC MEXICAN RESTAURANT Proposed Use SUPPER CLUB
 Assessor's Parcel #(s) 138-22-418-08 Ward # _____
 General Plan: existing SC proposed NO CHANGE Zoning: existing C-1 proposed NO CHANGE
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER Sea Breeze Village LLC Contact _____
 Address 1770 N. Buffalo #101 Phone: 2204500 Fax: 2204900
 City Las Vegas NV LGroseth State NV Zip 89128
 E-mail Address lgroseth@laurichproperties.com

APPLICANT JOSEPH SORACI Contact JOSEPH SORACI
 Address 10 PLACA SANTA MARIA CT. Phone: 949-887-4657 Fax: 951-271-4100
 City HENDERSON State NV Zip 89011
 E-mail Address JSORACI@MANCHADEV.COM

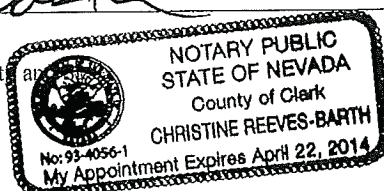
REPRESENTATIVE MONICA GODINEZ Contact MONICA GODINEZ
 Address 6501 VEGAS DRIVE Phone: 702-769-1382 Fax: _____
 City LAS VEGAS State NV Zip 89088
 E-mail Address MONNIECA1012@YAHOO.COM

Sea Breeze Village, LLC
 Property Owner Signature* Laura Groseth

* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
 Print Name Laura Groseth, Corp.
 Subscribed and sworn before me Sec.

This _____ day of _____, 20____
Chris Reeves-Barth

Notary Public in and for said County of _____



Revised 10/27/08

FOR DEPARTMENT USE ONLY

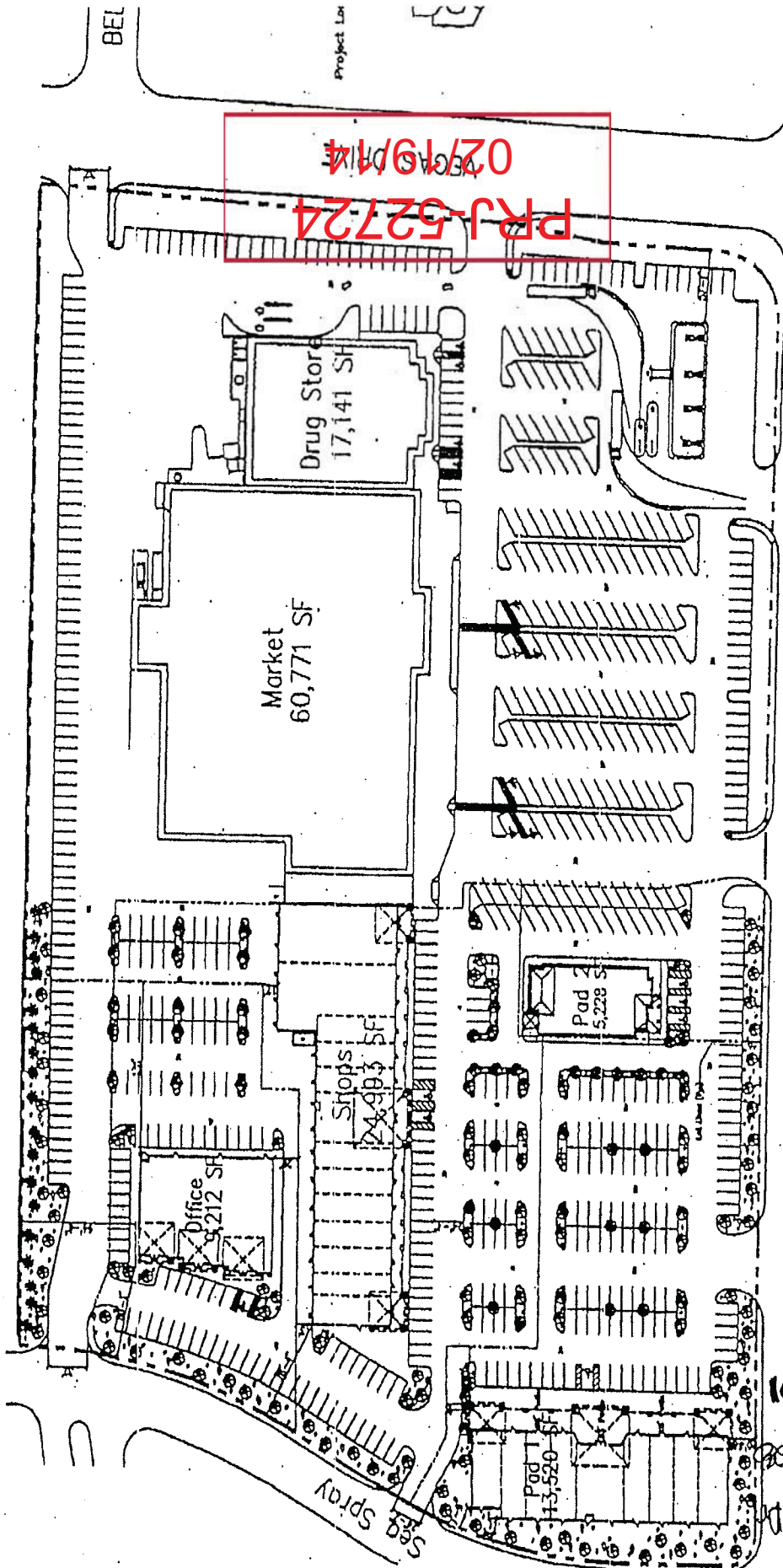
Case #	SUP-52991
Meeting Date:	04/08/14 PC
Total Fee:	
Date Received:*	
Received By:	

*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:\dept\Application Packet\Application Form.pdf
PRJ-52924
02/18/14

Ver

Seabreeze Building * Site Plan *



Fiesta Chips + Salsas

PROJECT INFORMATION

Applicant: City of Las Vegas
 Site Area: 500,408 SF (13.44 Acres - Mined the Vertical)
 Building Area: 130,065 SF
 Parking: 1,000 (rough estimate) (4.2/MSF)
 Parking Provided: 637 (4.9/MSF)

SUP-52991

LANDSCAPE



✓ Ornamental fence 30" high



SUP-52991

PRJ-52724
02/18/14