DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

VAR-51766

Case Number: PRJ-51608 APN: 162-02-113-006

Name of Property Owner: C&C MEDICAL PLAZA LLC

Name of Applicant: Carmen Espitia and Carlos Jimenez

Name of Representative: Sheldon Colen

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: _____

Signature of Property Owner: _____

Print Name: Carlos Jimenez / Carmen Espitia

Subscribed and sworn before me

This 23 day of October, 2013

_____

Notary Public in and for said County and State

ANA D. QUINTANILLA
Notary Public, State of Nevada
Appointment No. 11-5248-1
My Appt. Expires Jul 22, 2015

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: MEDICAL CLINIC ADDITION

Project Address (Location) 1640 E. CHARELESTON BLVD

Project Name ADELANTE FAMILY MEDICAL CLINIC **Proposed Use** _____

Assessor's Parcel #(s) 162-02-113-006 **Ward #** _____

General Plan: existing _____ proposed _____ **Zoning:** existing C-1 proposed _____

Commercial Square Footage 2,457 SF **Floor Area Ratio** _____

Gross Acres 0.16 ACRES **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER C&C MEDICAL PLAZA LLC **Contact** _____

Address 8343 AGNEW VALLEY CT. **Phone:** _____ **Fax:** _____

City LAS VEGAS **State** NV **Zip** 89178

E-mail Address _____

APPLICANT CARMEN ESPITIA & CARLOS JIMENEZ **Contact** (702) 419-7944

Address 1640 E. CHARLESTON BLVD. **Phone:** _____ **Fax:** _____

City LAS VEGAS **State** NV **Zip** 89104

E-mail Address ESPITIA7@YAHOO.COM

REPRESENTATIVE SHELDON COLEN **Contact** _____

Address 9017 S PECOS RD STE 4450 **Phone:** (702) 719-2020 **Fax:** (702) 269-9673

City HENDERSON **State** NV **Zip** 89074

E-mail Address SHELDON@SCADESIGN.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* Carlos & Carmen Espitia

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

Print Name CARLOS JIMENEZ / CARMEN ESPITIA

Subscribed and sworn before me

This 23 day of October, 2013.

Notary Public in and for said County and State

ANA D. QUINTANILLA
Notary Public, State of Nevada
Appointment No. 11-5248-1
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FOR DEPARTMENT USE ONLY

Case #	VAR-51766
Meeting Date:	12/10/13 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.

Revised 10/27/08