DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAR-67971 APN: 162-03-514-037

Name of Property Owner: LIAN CHAN REVOCABLE TRUST

Name of Applicant: TIM C. AYALA

Name of Representative: TIM C. AYALA

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: SUSAN LIANG

Subscribed and sworn before me

This 21st day of June, 2016

_____

Notary Public in and for said County and State

Revised 03/28/16

PRJ-67395
11/29/16

WELLS FARGO

Jurat Certificate

State of Nevada

County of Clark

Subscribed and sworn to (or affirmed) before me on this 21st day of June, 2016 by Susan Liang x x x x x x x x x x

Place Seal Here

JANET PENA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 04-10-18
Certificate No: 14-13738-1

Notary Signature Janet Pena

Description of Attached Document

Type or Title of Document: City of Las Vegas - Dept of Planning Application form

Document Date: 6/21/16

Number of Pages: 1

Signer(s) Other Than Named Above: x x x x x x x x x x x x

DSG3018 (Rev 00-2-15)

PRJ-67395
11/29/16

VAR-67971

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: DESIGN REVIEW, VARIANCE, WAIVER

Project Address (Location) 1212 S. MARYLAND PKWY.

Project Name ALPHA SMILE DENTAL CARE, LLC **Proposed Use** PROFESSIONAL

Assessor's Parcel #(s) 162-03-514-057 **Ward #** _____

General Plan: existing _____ proposed _____ **Zoning:** existing _____ proposed _____

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

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

Additional Information _____

PROPERTY OWNER LIANG CHAN REVOCABLE TRUST **Contact** SUSAN LIANG

Address 2212 S MARYLAND PKWY. **Phone:** (702) 588-0777 **Fax:** (702) 982-2969

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

E-mail Address ALPHADDSLV@HOTMAIL.COM

APPLICANT TIM C. AYALA **Contact** TIM C. AYALA

Address _____ **Phone:** 702-708 **Fax:** 8740

City _____ **State** NV **Zip** 8907A

E-mail Address timayala007@hotmail.com

REPRESENTATIVE TIM C. AYALA **Contact** TIM C. AYALA

Address _____ **Phone** 708-8740 **Fax:** _____

City HENDERSON **State** NV **Zip** 8907A

E-mail Address timayala007@hotmail.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 SUSAN LIANG

Subscribed and sworn before me

This 21st day of June, 20 16.

_____

Notary Public in and for said County and State

FOR DEPARTMENT USE ONLY

Case #	**VAR-67971**
Meeting Date:	
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.

PBJ-67395
11/29/16

Revised 03/28/16

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