



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-70237** APN: 139-21-612-049

Name of Property Owner: Rainbow Dreams LLC.

Name of Applicant: Diane Pollard

Name of Representative: Melvin Green - KME Architects

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: _____

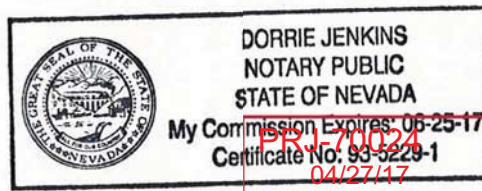
Signature of Property Owner: _____

Print Name: Diane Pollard

Subscribed and sworn before me

This 26th day of April, 2017

Dorrie Jenkins
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-70237** APN: 139-21-601-016, 139-21-601-017, 139-21-612-050, 139-21-612-080

Name of Property Owner: Rainbow Dreams Educational Foundation

Name of Applicant: Diane Pollard

Name of Representative: Melvin Green - KME Architects

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: _____

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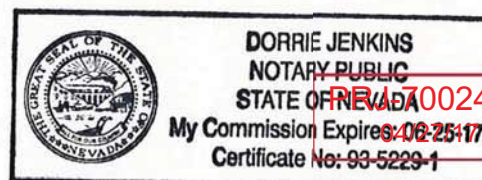
Signature of Property Owner: _____

Print Name: Diane Pollard

Subscribed and sworn before me

This 26th day of April, 2017

Dorrie Jenkins
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Modular Building
Project Address (Location) 1025 Hart Ave., Las Vegas, NV 89106
Project Name Rainbow Dreams Modular Building Proposed Use Classrooms
Assessor's Parcel #(s) 139-21-612-049 Ward # 5
General Plan: existing _____ proposed _____ Zoning: existing C-V proposed C-V
Commercial Square Footage 1,452 SF Floor Area Ratio 30.3%
Gross Acres 0.11 Lots/Units _____ Density _____
Additional Information Modular Classroom

PROPERTY OWNER Rainbow Dreams LLC. Contact Diane Pollard
Address 950 W. Lake Mead Blvd. Phone: (702) 596-9610 Fax: _____
City Las Vegas State NV Zip 89106
E-mail Address dianepollard75@yahoo.com

APPLICANT Rainbow Dreams LLC. Contact Diane Pollard
Address 950 W. Lake Mead Blvd. Phone: (702) 596-9610 Fax: _____
City Las Vegas State NV Zip 89106
E-mail Address dianepollard75@yahoo.com

REPRESENTATIVE KME Architects Contact Melvin Green
Address 5588 S. Fort Apache Rd. STE 110 Phone: (702) 888-2088 Fax: (702) 888-2089
City Las Vegas State NV Zip 89148
E-mail Address melvin@kmearchitects.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 Diane Pollard

Subscribed and sworn before me

This 26th day of April, 20 17.

Dorrie Jenkins

Notary Public in and for said County and State

Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SDR-70237**

Meeting Date: _____

Total Fee: _____

Date Received: *

Received By: _____



DORRIE JENKINS

NOTARY PUBLIC

STATE OF NEVADA

My Commission Expires: 06-25-17

Certificate No: 93-5229-1

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.



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Modular Building
 Project Address (Location) 1012, 950 W. Lake Mead Blvd., & 1001, 977 Hart Ave.
 Project Name Rainbow Dreams Modular Building Proposed Use Classrooms
 Assessor's Parcel #(s) 139-21-601-016, 139-21-601-017, 139-21-612-050, 139-21-612-080 Ward # 5
 General Plan: existing _____ proposed _____ Zoning: existing C-V proposed C-V
 Commercial Square Footage 1,932 SF Floor Area Ratio 24.6%
 Gross Acres 0.18 Lots/Units _____ Density _____
 Additional Information Modular Classroom

PROPERTY OWNER Rainbow Dreams Educational Foundation Contact Diane Pollard
 Address 950 W. Lake Mead Blvd. Phone: (702) 596-9610 Fax: _____
 City Las Vegas State NV Zip 89106
 E-mail Address dianepollard75@yahoo.com

APPLICANT Rainbow Dreams Educational Foundation Contact Diane Pollard
 Address 950 W. Lake Mead Blvd. Phone: (702) 596-9610 Fax: _____
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 E-mail Address dianepollard75@yahoo.com

REPRESENTATIVE KME Architects Contact Melvin Green
 Address 5588 S. Fort Apache Rd. STE 110 Phone: (702) 888-2088 Fax: (702) 888-2089
 City Las Vegas State NV Zip 89148
 E-mail Address melvin@kmearchitects.com

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