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

DORRIE JENKINS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-25-17
Certificate No: 93-5229-1

PRJ-70024
04/27/17

Revised 03/28/16

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.

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RPV-70024

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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

DORRIE JENKINS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 06-25-17
Certificate No: 93-5229-1

FOR DEPARTMENT USE ONLY

Case #	SDR-70237
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.

PRJ-70024
04/27/17

Revised 03/28/16

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

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