DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: VAR-70277 APN: 138-03-602-008

Name of Property Owner: Prestige Worldwide LLC

Name of Applicant: Southwest Specialties Inc

Name of Representative: David Turner

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: Armando Gurrola

Print Name: Armando Gurrola

Subscribed and sworn before me

This 25th day of April, 2017

Faye Sonntag

Notary Public in and for said County and State

FAYE SONNTAG
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 00-61775-1
My Appt. Expires April 17, 2020

PRJ-70049
05/02/17

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Variance

Project Address (Location) 4505 Balsam

Project Name Southwest Specialties Inc. **Proposed Use** M

Assessor's Parcel #(s) 138-03-602-008 **Ward #** 4

General Plan: existing LI/R proposed LI/R **Zoning:** existing M proposed M

Commercial Square Footage 2092 **Floor Area Ratio** N/A

Gross Acres 0.62 **Lots/Units** 1 **Density** N/A

Additional Information

PROPERTY OWNER Prestige Worldwide LLC **Contact** Patricia Farley

Address 4505 Balsam St. **Phone:** . **Fax:**

City Las Vegas **State** NV **Zip** 89130

E-mail Address jamesbevan09@yahoo.com

APPLICANT Southwest Specialties, Inc **Contact** Patricia Farley

Address 4505 Balsam St. **Phone:** . **Fax:**

City Las Vegas **State** NV **Zip** 89130

E-mail Address jamesbevan09@yahoo.com

REPRESENTATIVE David Turner **Contact** David Turner

Address 1210 Hinson St. **Phone:** 870-8771 **Fax:** 878-2695

City Las Vegas, NV **State** NV **Zip** 89102

E-mail Address davidt@baughman-turner.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* Armando Gurrola

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

Print Name Armando Gurrola

Subscribed and sworn before me

This 25th day of April, 2017.

Faye Sonntag

Notary Public in and for said County and State

FAYE SONNTAG
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 00-61775-1
My Appt. Expires April 17, 2020

FOR DEPARTMENT USE ONLY

Case #	VAR-70277
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-70049
05/02/17

Revised 10/27/08