



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-70289** APN: 125-15-311-008

Name of Property Owner: George Brinkman

Name of Applicant: Same as above

Name of Representative: _____

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

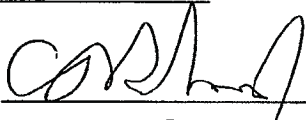
☒ No

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: George Brinkman

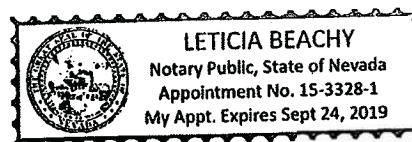
Subscribed and sworn before me

This 20 day of April, 2017

Leticia Beachy
Notary Public in and for said County and State

State of Nevada
County of Clark

Revised 11-14-06



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PRJ-70175
05/02/17



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: VARIANCE
 Project Address (Location) 7520 Stone Lake Street
 Project Name _____ Proposed Use _____
 Assessor's Parcel #(s) _____ Ward # _____
 General Plan: existing X proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER George Brinkman Contact _____
 Address 7520 Stone Lake St Phone: 702-480-3532 Fax: _____
 City Las Vegas State NV Zip 89131
 E-mail Address nlvbrink17@gmail.com

APPLICANT Same as above Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

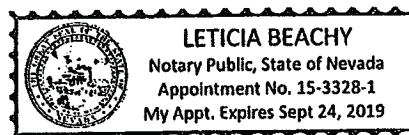
REPRESENTATIVE _____ Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

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* [Signature]
 * An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
 Print Name George Brinkman

Subscribed and sworn before me
 This 28th day of April, 2017.
[Signature]

Notary Public in and for said County and State
State of Nevada
County of Clark
 Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # **VAR-70289**

Meeting Date:

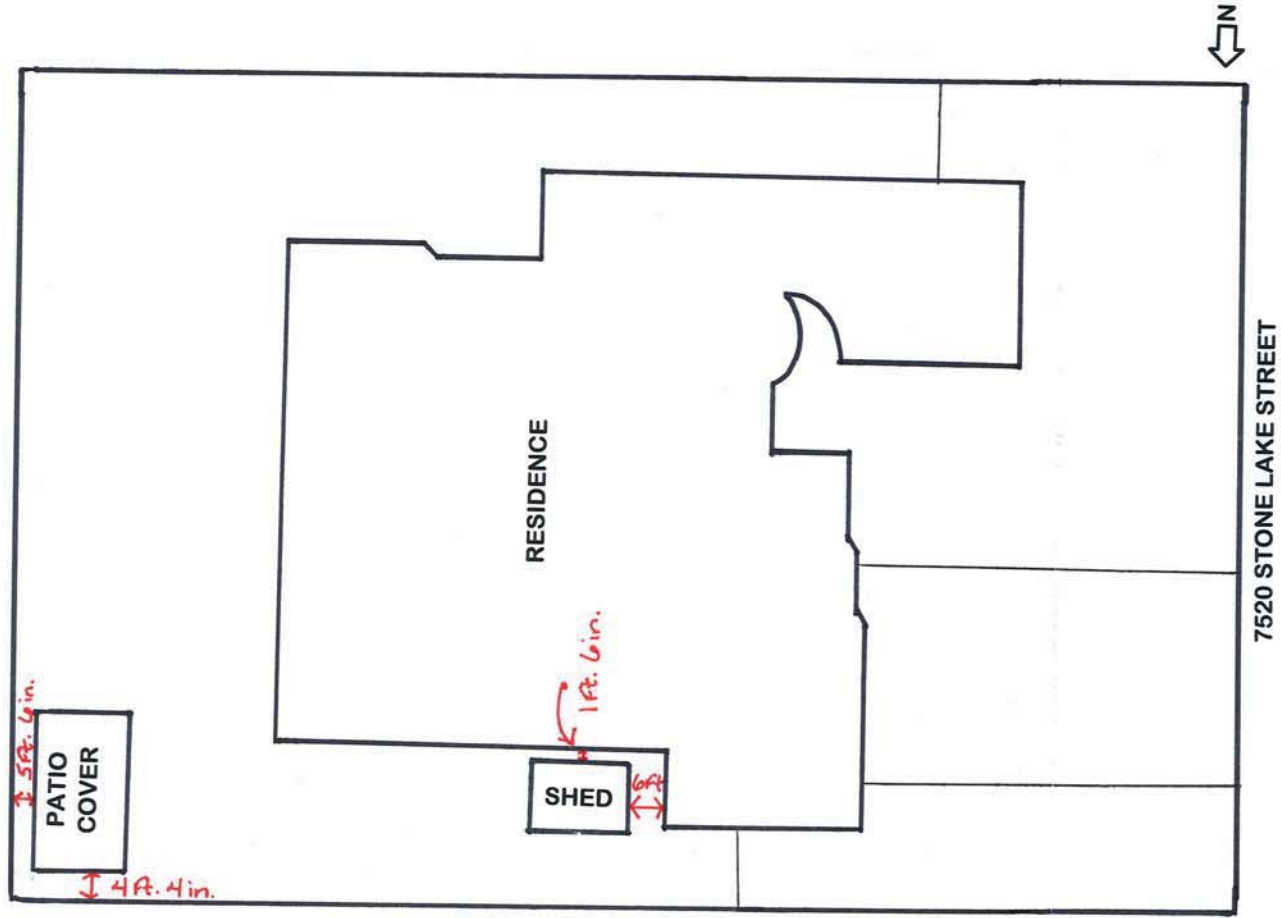
Total Fee:

Date Received:*

Received By:

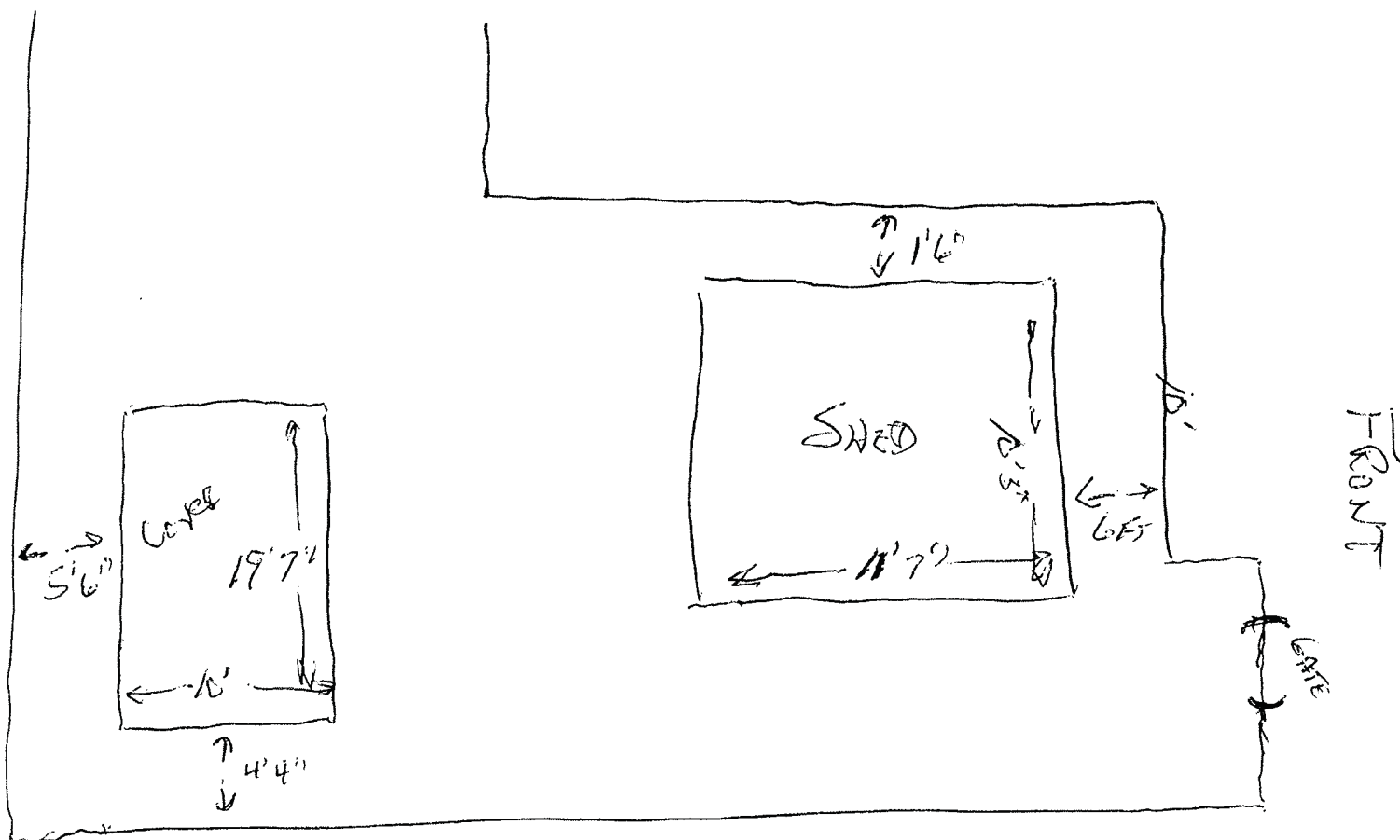
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

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