



Text

DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-70244** APN: 139-32-802-005

Name of Property Owner: _____

Name of Applicant: Laurince Lovelife

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

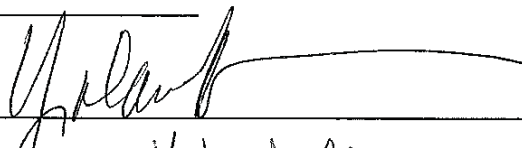
☒ No

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: N/A

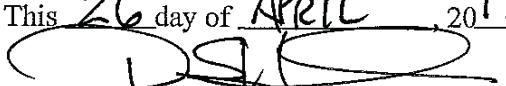
Partner(s): N/A N/A

APN: N/A

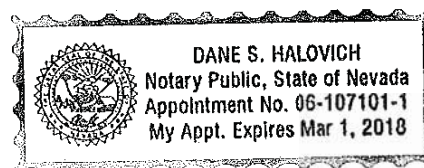
Signature of Property Owner: 

Print Name: Yolanda Mason

Subscribed and sworn before me

This 26 day of APRIL, 2017


Notary Public in and for said County and State





Text

DEPARTMENT OF PLANNING**APPLICATION / PETITION FORM**

Application/Petition For: Vegas BNB at 2323 Palomino Ln
 Project Address (Location) 2323 Palomino Ln, Las Vegas, NV 89107
 Project Name 2323 Palomino Ln Proposed Use Short Term Rental
 Assessor's Parcel #(s) 139-32-802-005 Ward # 1
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres .5 Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER Yolanda Mason Contact _____
 Address 1400 S Valley View #2043 Phone: 702-336-0819 Fax: _____
 City Las Vegas State NV Zip 89102
 E-mail Address RTJMASON@YAHOO.COM

APPLICANT Laurince Lovelife Contact _____
 Address 5310 Valencia Crest Ave Phone: 702-420-5132 Fax: _____
 City Las Vegas State NV Zip 89139
 E-mail Address VegasBNB@hotmail.com

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.

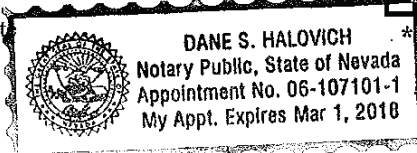
Print Name YOLANDA MASON

Subscribed and sworn before me

This 26 day of APRIL, 2017[Signature]

Notary Public in and for said County and State

Revised 03/28/16

**FOR DEPARTMENT USE ONLY**Case # **SUP-70244**

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.

APR 27 2017**04/27/17**

north

Palomino Ln

PORTE
COCHERE

HOUSE

SHADE COVERING

POOL

SHED

TENNIS COURT/BASKETBALL COURT

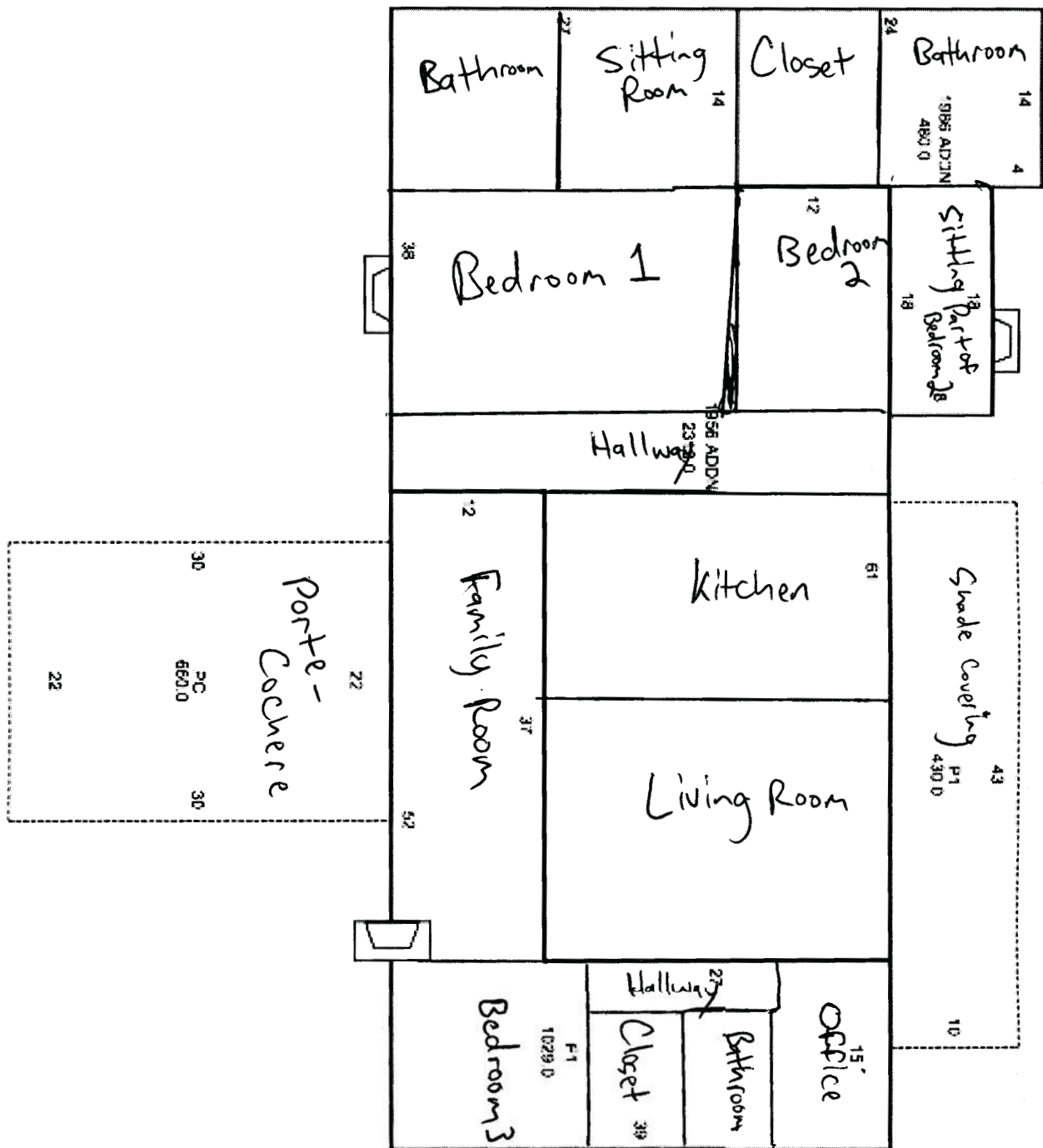
east

west

PRJ-70194
04/27/17

south

SUP-70244



PRJ-70194

04/27/17

SUP-70244