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

DANE S. HALOVICH
Notary Public, State of Nevada
Appointment No. 06-107101-1
My Appt. Expires Mar 1, 2018

PRJ-70194
04/27/17

Revised 03/28/16

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:** 702-336-0879 **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* _____

*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, 20 17.

_____

Notary Public in and for said County and State

DANE S. HALOVICH
Notary Public, State of Nevada
Appointment No. 06-107101-1
My Appt. Expires Mar 1, 2018

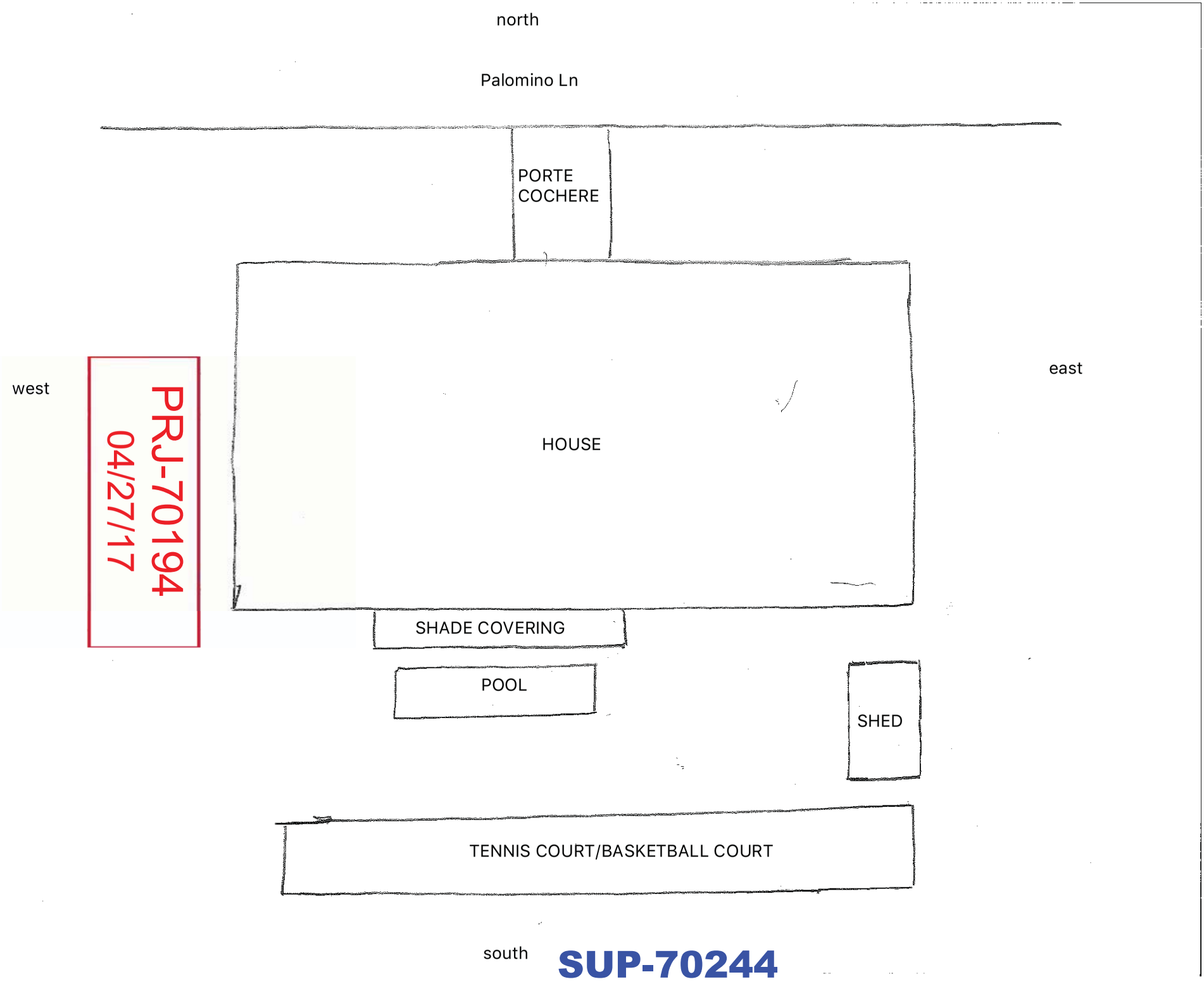
FOR DEPARTMENT USE ONLY

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.

PRJ-70494
04/27/17

Revised 03/28/16



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