



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-47494** APN: _____
Name of Property Owner: William Birtchisel
Name of Applicant: William Birtchisel
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): _____

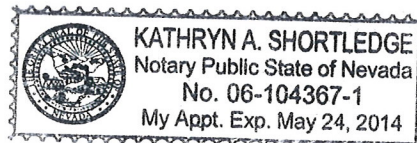
APN: _____

Signature of Property Owner: William J. Birtchisel

Print Name: William L Birtchisel

State of: NEVADA County of: CLARK
Subscribed and sworn before me

This 10th day of November, 20 12
Kathryn A. Shortledge
Notary Public in and for said County and State



RECEIVED

NOV 14 2012



162-05-114-009

DEPARTMENT OF PLANNING**APPLICATION / PETITION FORM**

Application/Petition For: Car Port 19.06.040(c2) ACC STRUCT-FRONT
 Project Address (Location) 1243 Barnard Dr Las Vegas NV 89102
 Project Name Birthisel car port Proposed Use car shade
 Assessor's Parcel #(s) Lot 17 Block 10 Westliegh Tract 2 Ward # 1
 General Plan: existing L proposed N/A Zoning: existing R-1 proposed N/A
 Commercial Square Footage 468 sq ft Floor Area Ratio _____
 Gross Acres 0.19 Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER William Birthisel Contact same
 Address 1243 Barnard Dr Phone: 702 870 7119 Fax: _____
 City Las Vegas State NV Zip 89102
 E-mail Address bstdnvegas@hotmail.com

APPLICANT William Birthisel Contact same
 Address 1243 Barnard Dr Phone: 702 870 7119 Fax: _____
 City Las Vegas State NV Zip 89102
 E-mail Address bstdnvegas@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* William Birthisel

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

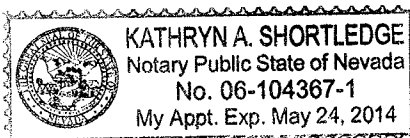
Print Name William L Birthisel
 State of: NEVADA County of: CLARK
 Subscribed and sworn before me

This 16th day of November, 20 12.

Kathryn A Shortledge

Notary Public in and for said County and State

Revised 10/27/08

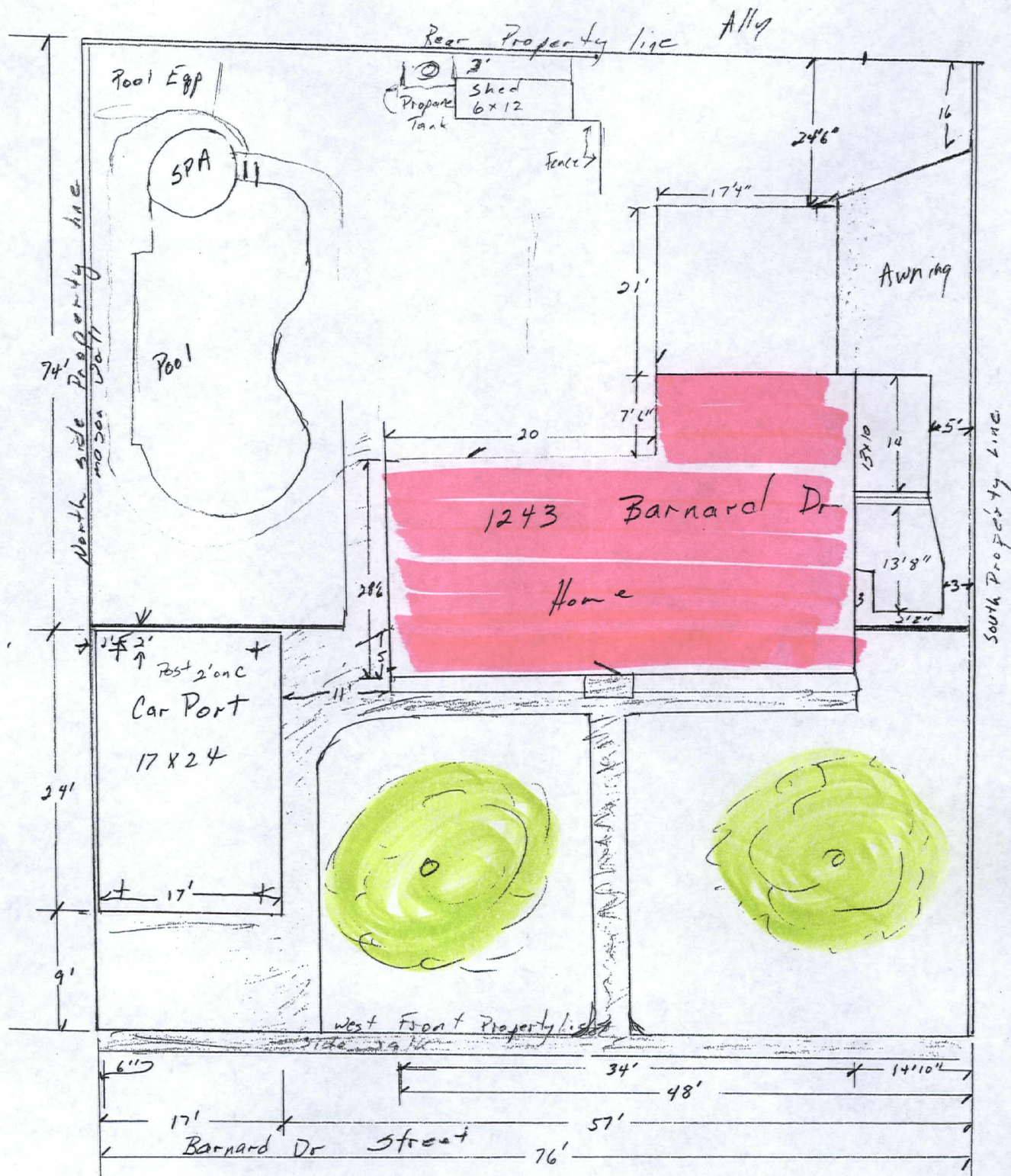
**FOR DEPARTMENT USE ONLY**

Case # VAR-47494 PC
 Meeting Date: 1-8-13
 Total Fee: 830.00
 Date Received:* 11-14-12
 Received By: [Signature]

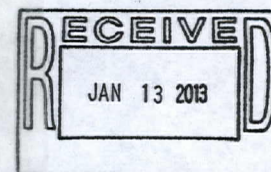
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

f:\depot\Application Packet\Application Form.pdf

17x24' solid Aluma wood Car Port
white in color



VAR-47494
REVISED



1237

1237

1243

1247

VAR-47494

RECEIVED
OCT 11 2012
City of Las Vegas
Department of Planning