



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SUP-74064

Case Number: PRJ-74050 APN: 138-09-713-038

Name of Property Owner: Dr. Lennon Tyler, Schuyler Pryne

Name of Applicant: _____

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: [Handwritten Signature] ^{psu D}

Print Name: Dr. Lennon Tyler, Schuyler Pryne

Subscribed and sworn before me

This 26 day of Feb, 2018

Notary Public in and for said County and State

 **MARK SALEHI**
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 04-11-18
Certificate No: 74050
07/26/18



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: _____

Project Address (Location) 7609 Advantage Ct, Las Vegas, NV 89129 ⁸⁹¹²⁹

Project Name PRJ-74050 Proposed Use STR'R ⁸⁹¹⁴

Assessor's Parcel #(s) 138-09-713-038 Ward # 4

General Plan: existing ML proposed _____ Zoning: existing R-PD7 proposed _____

Commercial Square Footage 2,472 Floor Area Ratio _____

Gross Acres 4,356 sq Feet Lots/Units 1 Density 7 units per acre

Additional Information _____

PROPERTY OWNER Lennon Tyler, Schuyler Pryne Contact _____

Address 7609 Advantage Ct, Las Vegas, NV 89129 Phone: 808 205-8203 Fax: _____

City Las Vegas State NV Zip 89129

E-mail Address ~~dr.lentier~~ dr.lentyle@gmail

APPLICANT _____ 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 lessor 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 Dr. Lennon Tyler, Schuyler Pryne

Subscribed and sworn before me
 This 26th day of July, 2018.

FOR DEPARTMENT USE ONLY

Case # **SUP-74064**

Meeting Date: _____

Total Fee: _____

Date Received:* _____

Received By: PRJ-74050
07/26/18

*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.

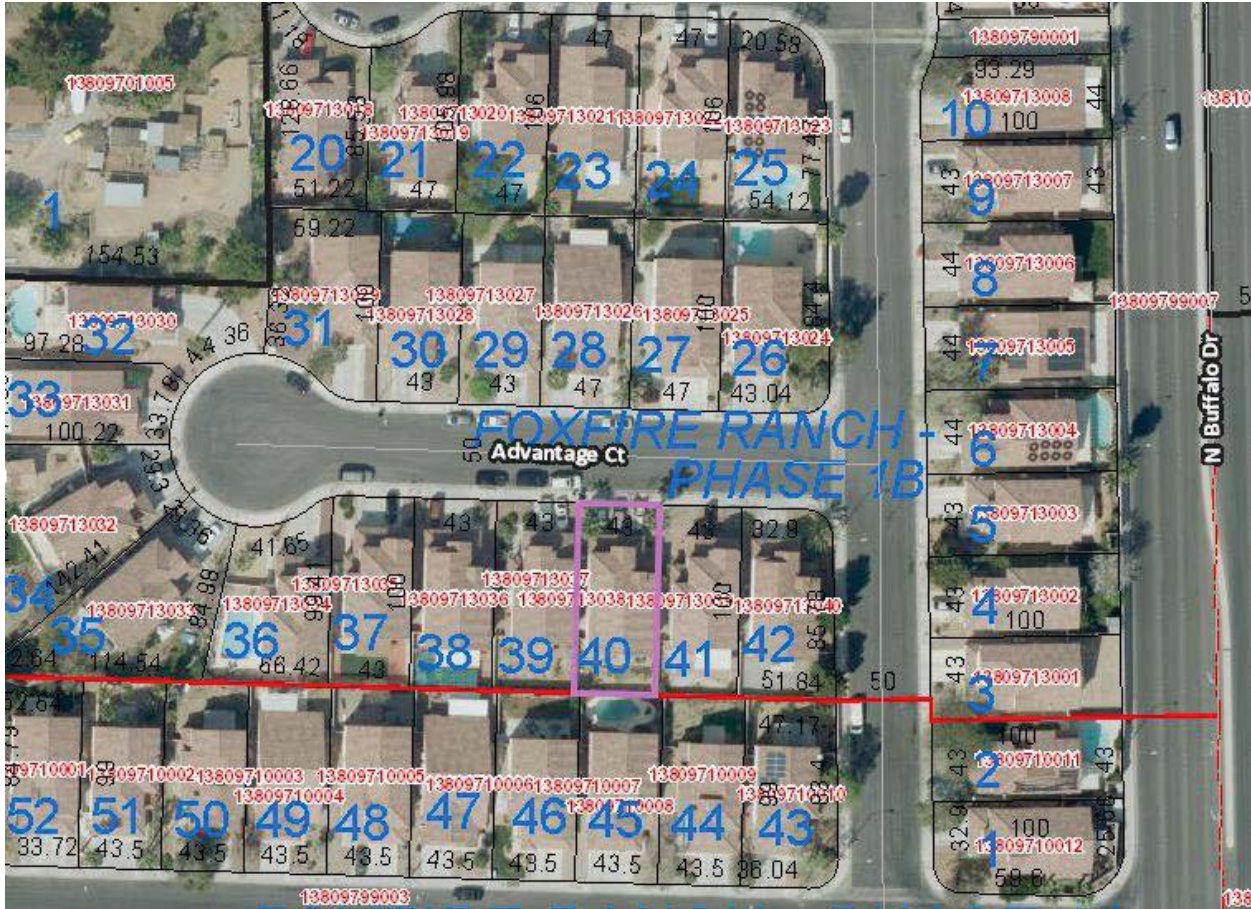


Notary Public in and for said County and State

7609 Advantage Ct.

Las Vegas, NV 89129

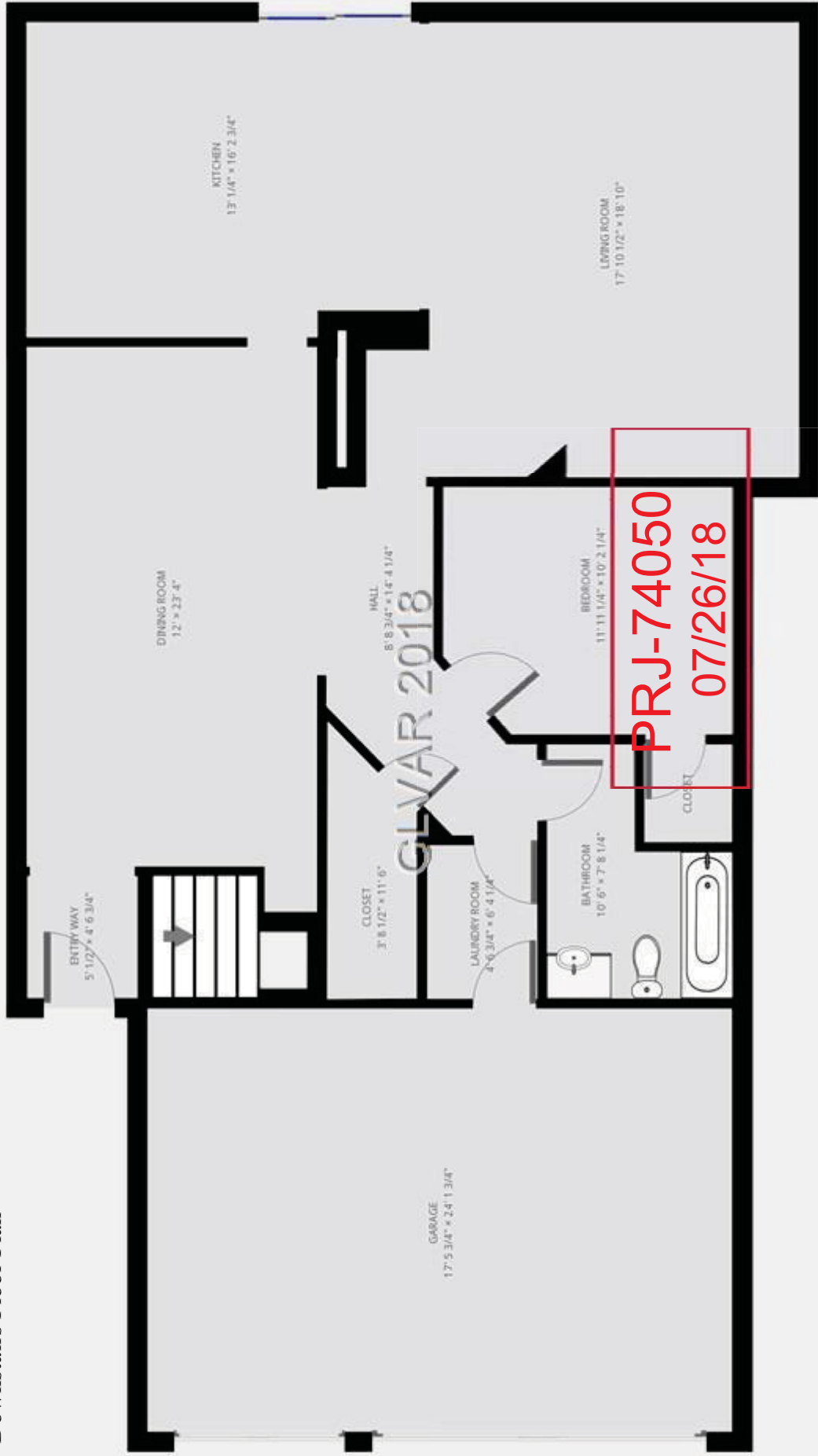
Cross Streets are N. Buffalo and W. Gowan



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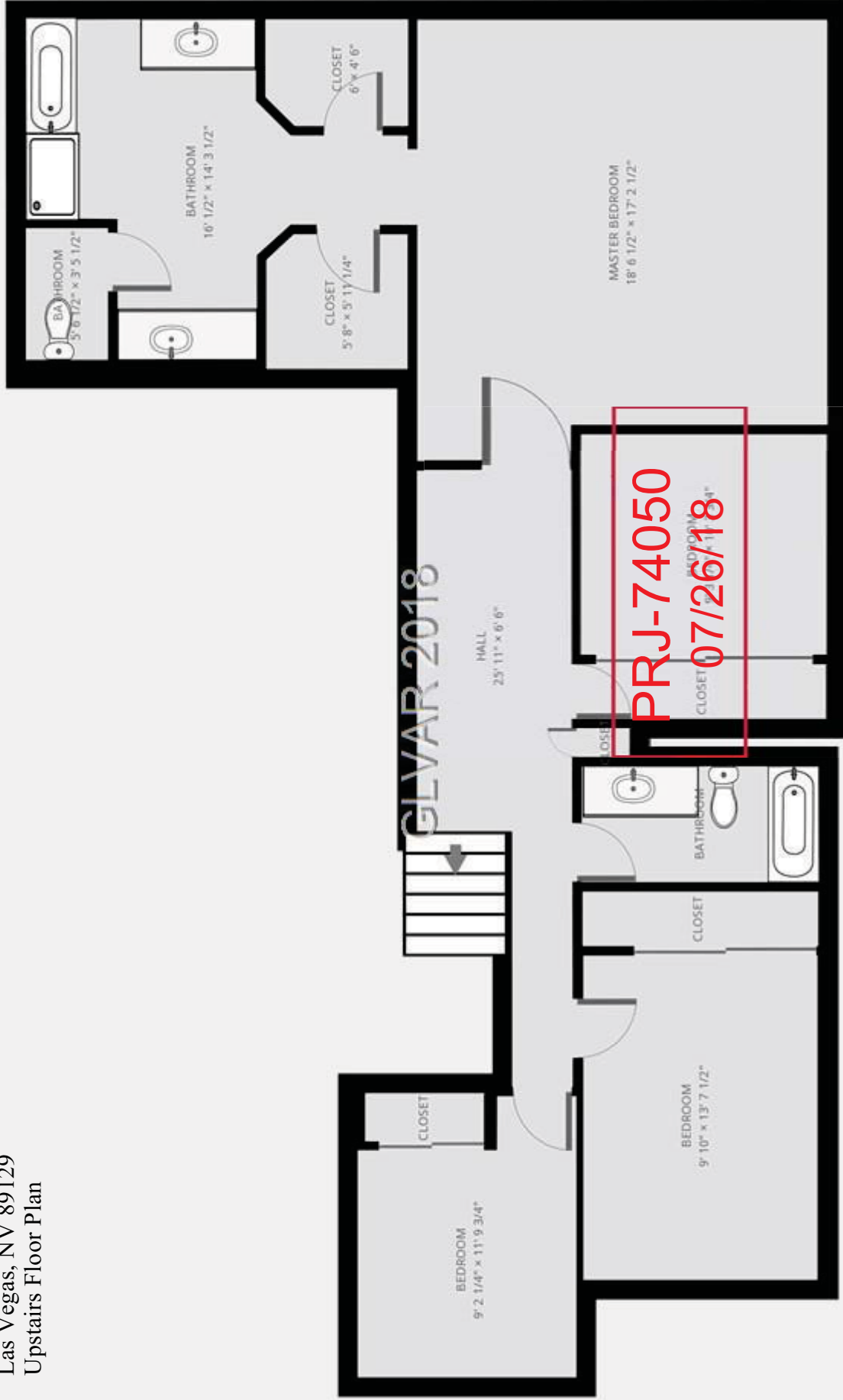
7609 Advantage Ct.
Las Vegas, NV 89129
Downstairs Floor Plan



*Estimated floor plan.
No guarantee as to accuracy or completeness.*

SUP-74064

7609 Advantage ct
Las Vegas, NV 89129
Upstairs Floor Plan



Estimated floor plan.
No guarantee as to accuracy or completeness.

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