



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SUP-74024

Case Number: PRJ-74018 APN: 162-03-710-003

Name of Property Owner: Molly O'Donnell, David Hardy

Name of Applicant: Molly O'Donnell

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: _____

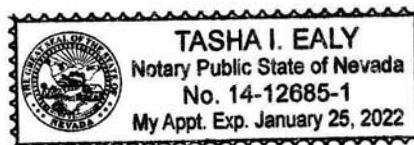
Signature of Property Owner: Molly O'Donnell David Hardy

Print Name: Molly O'Donnell David Hardy

Subscribed and sworn before me

This 23rd day of July, 2018

Tasha Ealy
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SPECIAL USE PERMIT - SHORT TERM RENTAL
 Project Address (Location) 1709 S. 6TH ST LAS VEGAS NV, 89104
 Project Name 6TH ST SHORT TERM RENTAL Proposed Use STR
 Assessor's Parcel #(s) 162-03-710-003 Ward # 3
 General Plan: existing ^{Low Density Residential} proposed _____ Zoning: existing R-1 proposed _____
 Commercial Square Footage 1756 (House) Floor Area Ratio 4.71
 Gross Acres 0.19 Lots/Units _____ Density LOW-DENSITY RESIDENTIAL
 Additional Information _____

PROPERTY OWNER MOLLY O'DONNELL Contact same / "
 Address 1709 S. 6TH ST Phone: 410-925-5314 Fax: _____
 City LAS VEGAS State NV Zip 89104
 E-mail Address molly.odonnell@gmail.com

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 lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

Property Owner Signature* Molly O'Donnell

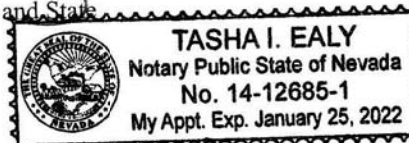
* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name Molly O'Donnell DAVID HADLEY

Subscribed and sworn before me
 This 23RD day of July, 20 18.

Tasha Ealy

Notary Public in and for said County and State



Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SUP-74024**

Meeting Date:

Total Fee:

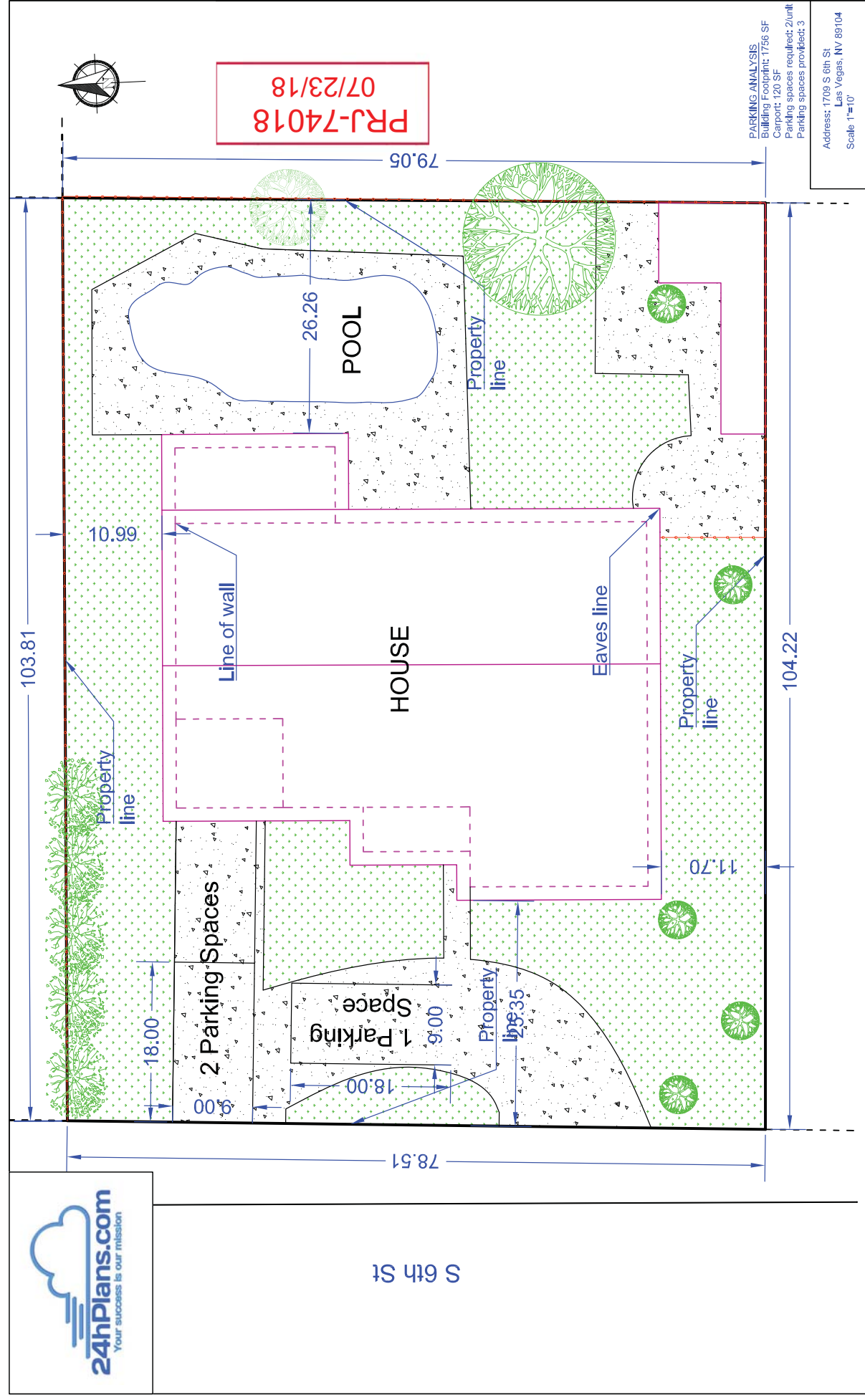
Date Received:*

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.

PR-174018
07/23/18

S 6th St

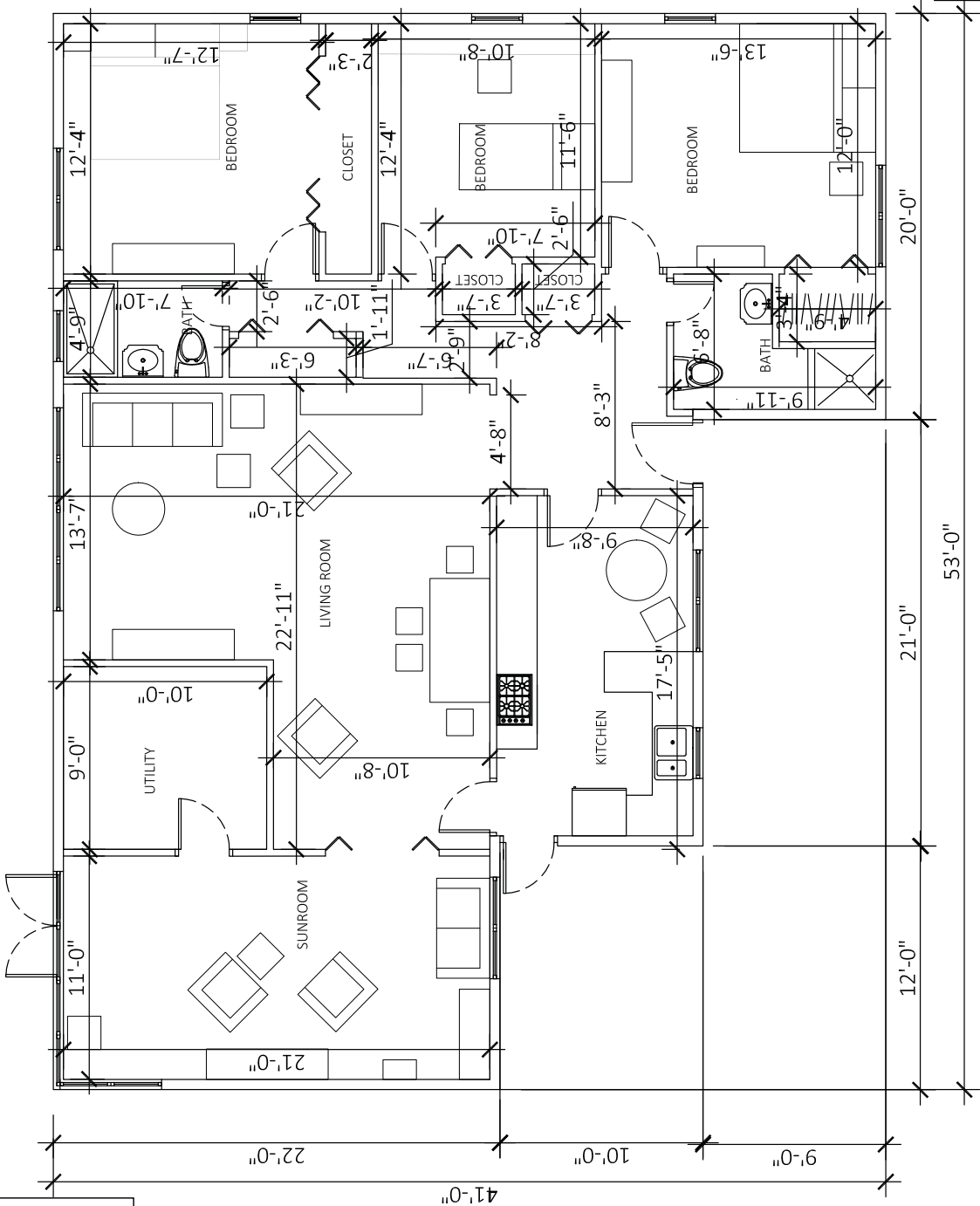


SUP-74024



PRJ-74018
07/23/18

FLOOR PLAN
Address: 1709 S 6th St
Las Vegas, NV 89104
Scale 3/16"=1'



SUP-74024