



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

VAR-74025

Case Number: PRJ-72855 APN: 125-26-603-006

Name of Property Owner: Douglas and Valarie Evans

Name of Applicant: Valarie Evans

Name of Representative: Valarie Evans

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: none

Partner(s): none

APN: none

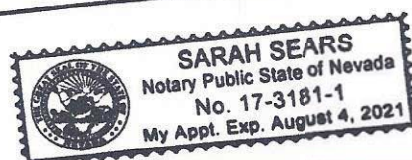
Signature of Property Owner: Valarie Evans

Print Name: Valarie Evans

Subscribed and sworn before me

This 16 day of July, 2018

[Signature]
Notary Public in and for said County and State



CLV Planning - Application Form

Application Number:	PRJ-72855
Application/Petition For:	PRJ-72855 - VAR
ProjectAddress (Location):	6281 BULLRING LN
Project Name	EVANS PATIO COVER VAR
Assessors Parcel #(s):	12526603006
Ward #:	WARD 6 (MICHELE FIORE)
Is the Application Information Correct:	Yes
If no, ...change what	
General Plan Designation: Proposed:	Select
Zoning District: Proposed:	Select
Gross Acres:	
Lots/Units:	
Additional Information:	
Applicant First Name:	Valarie
Applicant Last Name:	Evans
Applicant Address:	6281 Bullring Ln
Applicant City:	Las Vegas
Applicant State:	NV
Applicant Zip:	89130-1330
Applicant Phone:	7025234046
Applicant Fax:	
Applicant Email:	valarie122212@gmail.com
Rep First Name:	Valarie
Rep Last Name:	Evans
Rep Address:	6281 Bullring Ln
Rep City:	Las Vegas
Rep State:	NV
Rep Zip:	89130-1330
Rep Phone:	7025234046
Rep Fax:	
Rep Email:	valarie122212@gmail.com

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CLV Planning - Application Form

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. I Accept:	Yes
Is the Owner Information Correct:	Yes
If no, ...change what	

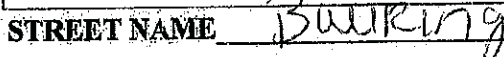
Owner(s)	ADDR1	ADDR2
EVANS FAMILY TRUST	6281 BULLRING LN	LAS VEGAS, NV 89130-1330

CLVEPLAN Applicant	Company	Title	Email
Valarie Evans	Homeowner	Mrs	valarie122212@gmail.com

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- PENCIL IS NOT ACCEPTABLE**



CONTACT NAME (IF DIFFERENT)

CONTACT NUMBER 702 301 9099

EMAIL ADDRESS

kn0mc210@yahoo.com

PROJECT DESCRIPTION

PROJECT DESCRIPTION
Construct a 7x40 and 10x30 alum patio
attached to detached garage at rear yard

OWNER'S SIGNATURE _____

PRJ-72855

08/13/18

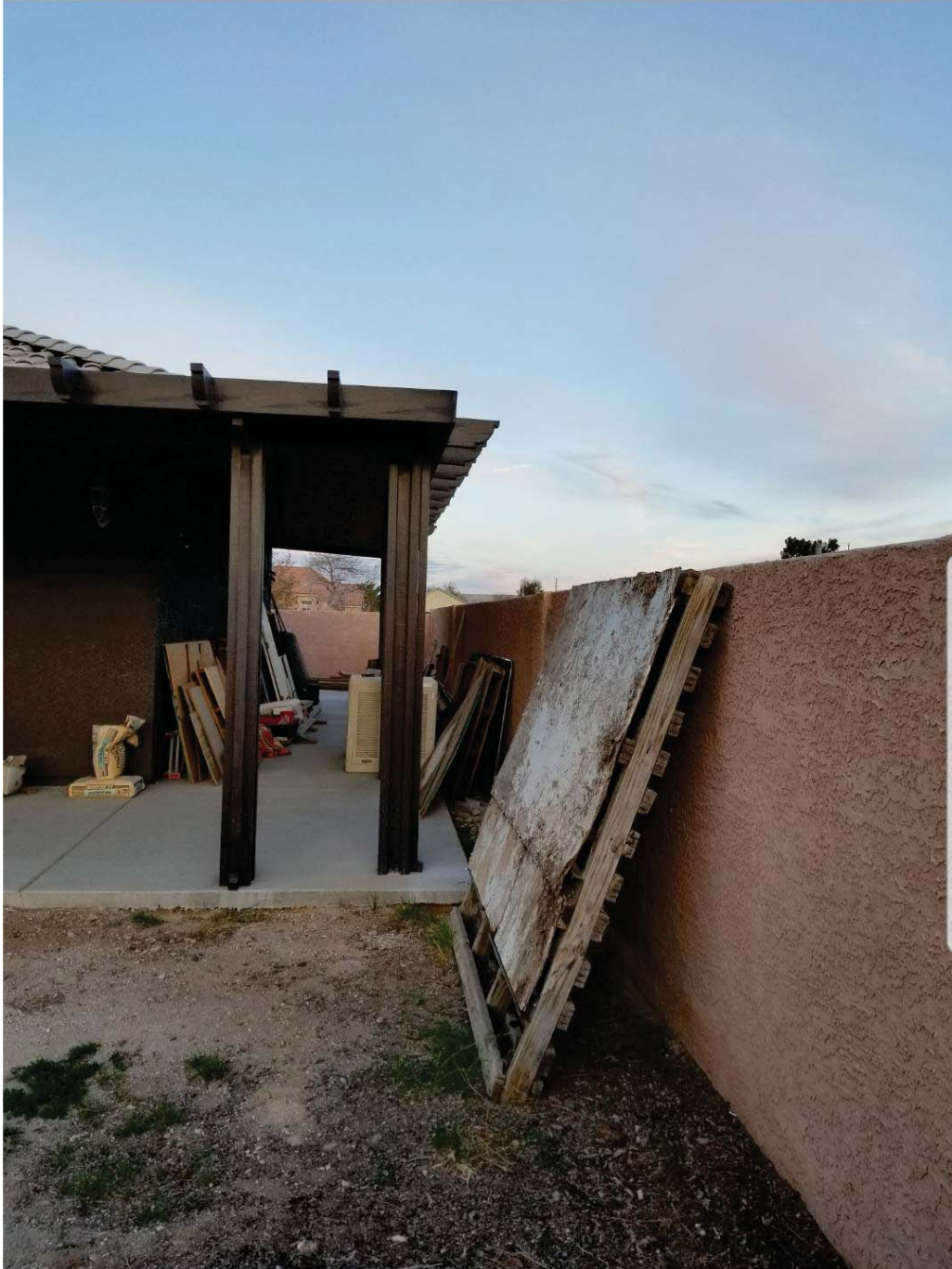
DIRECTION





VAR-74025

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