



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-74060** APN: 138-36-210-008

Name of Property Owner: Christopher Sullivan

Name of Applicant: Serenity Birth Center, LLC c/o April Clyde

Name of Representative: G.C.Garcia, Inc c/o Doug Rankin

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: _____

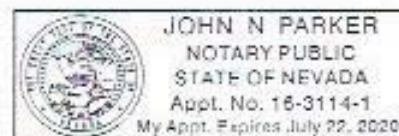
Signature of Property Owner: April Clyde

Print Name: April Clyde

Subscribed and sworn before me

This 20 day of July, 2018

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





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City Official: _____

Partner(s): _____

APN: _____

Signature of Property Owner: Christopher Sullivan

Print Name: _____

Subscribed and sworn before me

This 23 day of July, 2018

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

Iron County





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit for Hospital
 Project Address (Location) Jones & Cromwell (332 S Jones Blvd)
 Project Name Jones & Cromwell Proposed Use Hospital
 Assessor's Parcel #(s) 138-36-210-008 Ward # 1
 General Plan: existing 0 proposed N/A Zoning: existing P-R proposed 0
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 0.18 +/- Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER Christopher Sullivan Contact _____
 Address 2629 Ohio Ct Phone: _____ Fax: _____
 City Las Vegas State NV Zip 89128
 E-mail Address _____

APPLICANT Serenity Birth Center, LLC Contact April Clyde
 Address 332 S Jones Blvd Phone: _____ Fax: _____
 City Las Vegas State NV Zip 89107
 E-mail Address april@babys1stday.com

REPRESENTATIVE G.C.Garcia, Inc Contact Doug Rankin
 Address 1055 Whitney Ranch Dr, Suite 210 Phone: _____ Fax: _____
 City Henderson State NV Zip 89014
 E-mail Address acole@gcgarciainc.com

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.

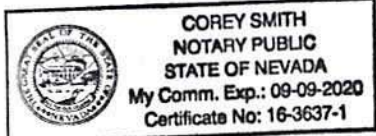
Print Name Christopher Sullivan

Subscribed and sworn before me

This 18 day of July, 20 18.

CSM/10

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case # SUP-74060
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-73988
07/26/18