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

Notary Public in and for said County and State

JOHN N PARKER
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 16-3114-1
My Appt. Expires July 22, 2020

Revised 03/28/16

PRJ-73988
07/26/18

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☐ **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: Christopher Sullivan

Print Name: _____

Subscribed and sworn before me

This 23 day of July, 2018

_____

Notary Public in and for said County and State

Iron County

KYLE TOPHAM
Notary Public
State Of Utah
My Commission Expires 11-10-2019
COMMISSION NO. 686050

Revised 03/28/16

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 O proposed N/A **Zoning:** existing P-R proposed O

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.

_____

Notary Public in and for said County and State

COREY SMITH
NOTARY PUBLIC
STATE OF NEVADA
My Comm. Exp.: 09-09-2020
Certificate No: 16-3637-1

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

Revised 03/28/16