



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-73813** APN: 137-01-314-030

Name of Property Owner: Ryland Homes Nevada, LLC

Name of Applicant: LENNAR

Name of Representative: Taney Engineering

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

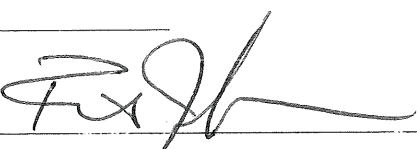
☒ No

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: _____

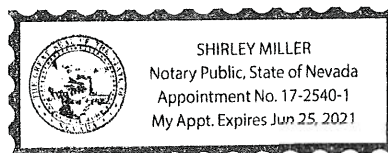
Signature of Property Owner: 

Print Name: Robert Johnson

Subscribed and sworn before me

This 21 day of June, 2018


Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Variance

Project Address (Location) Lone Mtn. & Puli

Project Name Peaceful Ridge Phase 3.4 Proposed Use _____

Assessor's Parcel #(s) 137-01-314-030 Ward # _____

General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____

Commercial Square Footage _____ Floor Area Ratio _____

Gross Acres _____ Lots/Units _____ Density _____

Additional Information _____

PROPERTY OWNER Ryland Homes Nevada, LLC Contact Dave Cornoyer

Address 9275 W Russell Rd., Suite 400 Phone: 7028214683 Fax: _____

City Las Vegas State NV Zip 89148

E-mail Address dave.cornoyer@lennar.com

APPLICANT LENNAR Contact Dave Cornoyer

Address 9275 W. Russell Rd., Suite 400 Phone: 7028214683 Fax: _____

City Las Vegas State NV Zip 89148

E-mail Address dave.cornoyer@lennar.com

REPRESENTATIVE Taney Engineering Contact Elisha Scrogum

Address 6030 S. Jones Blvd., Suite 100 Phone: (702) 362-8844 Fax: _____

City Las Vegas State NV Zip 89118

E-mail Address ElishaS@TaneyCorp.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* [Signature]

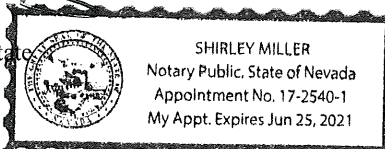
* An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name Robert Johnson

Subscribed and sworn before me

This 21 day of June, 20 18

Notary Public in and for said County and State



Revised 10/27/08

FOR DEPARTMENT USE ONLY

Case # **VAR-73813**

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.

f:\depot\Appl\Application Packet\Application Form.pdf



APPLICATION / PLOT PLAN FOR REPETITIVE TRACT PERMITS

ADDRESS: _____ PARCEL NO. _____

RECORDED SUBDIVISION NAME: PEACEFUL RIDGE @ LONE MOUNTAIN AND PULI ZONING: _____

LAND USE ENTITLEMENTS (I.E. TMP, FMP, VAR): _____

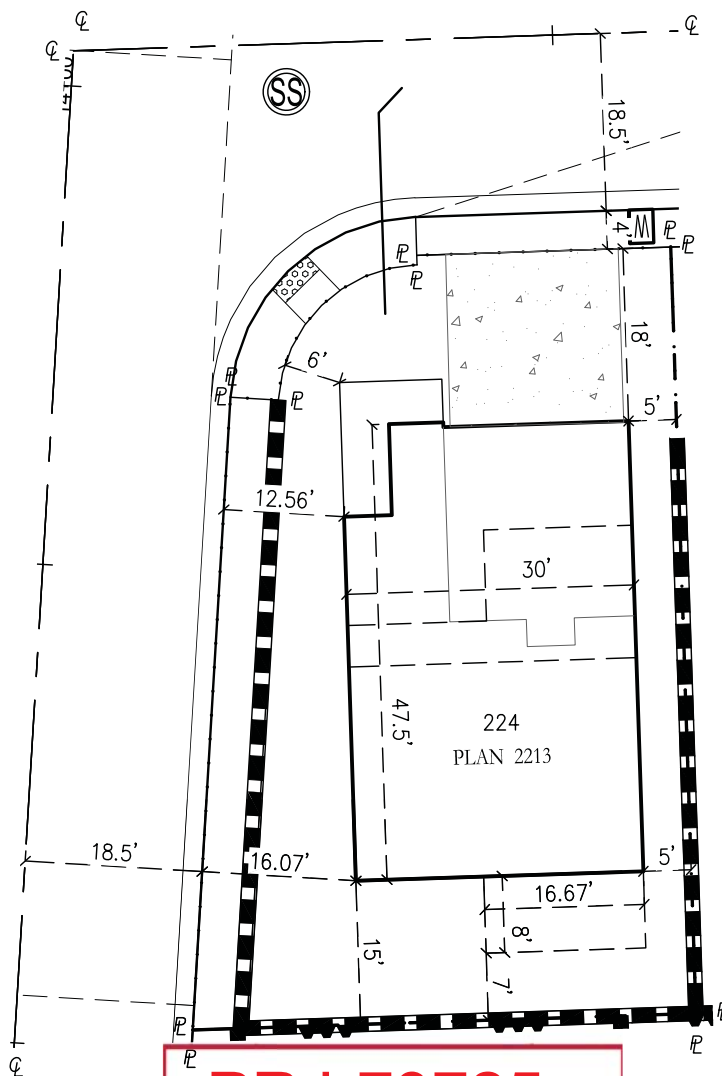
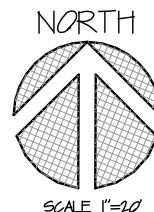
MINIMUM SETBACKS: FRONT TO HOUSE: 10 FRONT TO GARAGE: 18 SIDE YARD: 5

CORNER SIDE YARD: 10 REAR YARD: 15

PLAN CHECK#: 69098A LOT#: 224 BLOCK: _____ BOOK: 154 PAGE: 95

APPROVAL FOR: SFD ☒ PATIO COVER ☒ BALCONY ☒ FIRE SPRINKLERS REQUIRED: YES ☐ NO ☒

AP# _____ NUMBER OF STORIES: ONE ☐ TWO ☐ THREE ☐



CALATLANTIC HOMES

CONTRACTOR/AGENT/OWNER _____ DATE _____

CONTACT NAME: MONIQUE O'NEILL

EMAIL CONTACT FOR READY NOTICE: monique.oneill@calatl.com

005652

STATE LICENSE NO.

PHONE NUMBER: 263-8200

C1107568J-113587

CITY LICENSE NO.

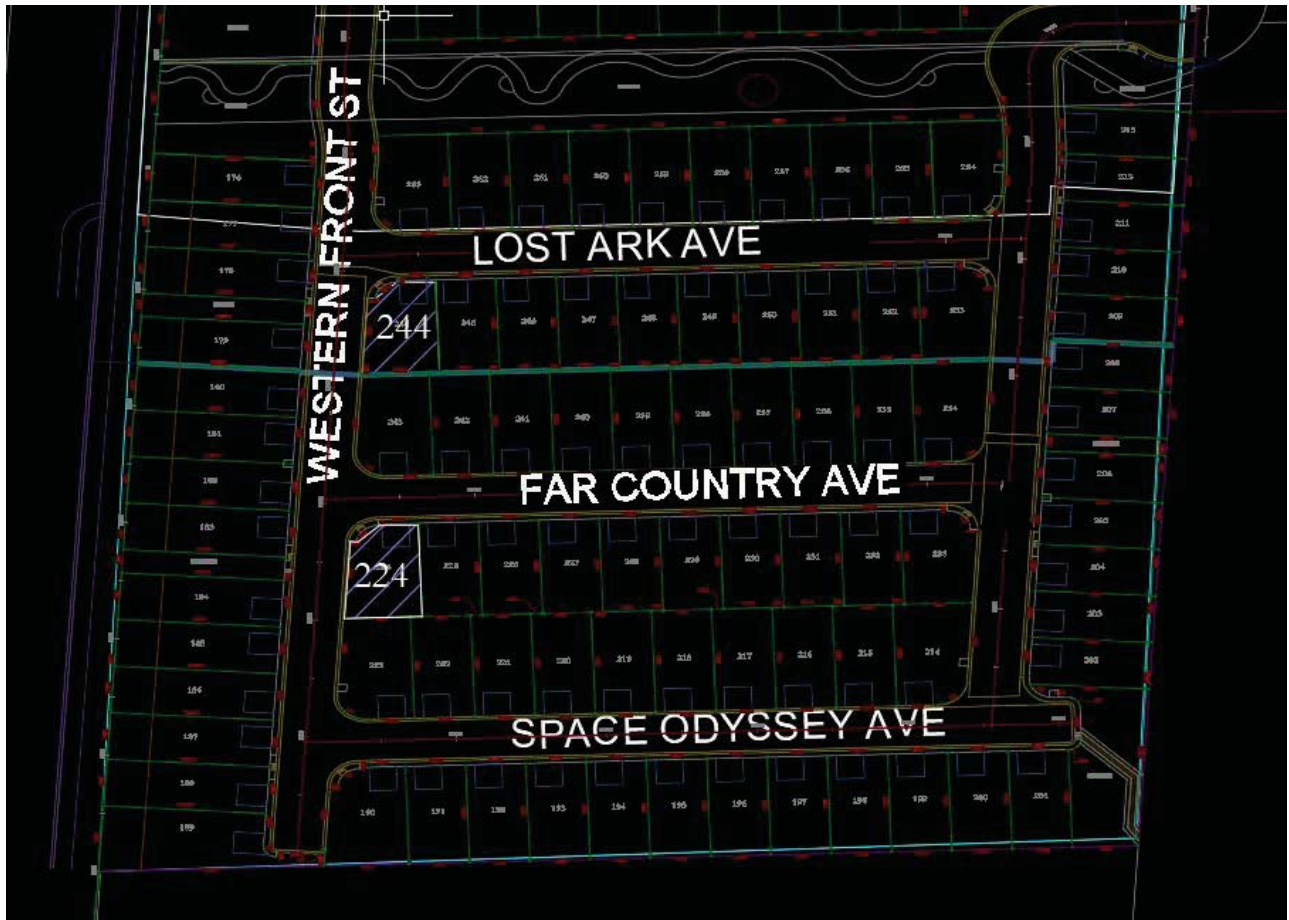
FAX NO: 702-840-2760

BUILDING DEPARTMENT

DATE

I HEREBY CERTIFY THAT I HAVE REVIEWED THIS APPLICATION AND THE PROPOSED PLANS AND HAVE FOUND THAT THE PROPOSED DEVELOPMENT MEETS THE REQUIREMENTS OF THE CITY OF LAS VEGAS FLOOD HAZARD REDUCTION ORDINANCE FOR THE ISSUANCE OF THIS DEVELOPMENT PERMIT.

VAR-73813



PRJ-73725
07/03/18

VAR-73813