



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-72896** APN: 125-21-202-001

Name of Property Owner: SKY POINTE NINETY-FIVE LLC

Name of Applicant: SKY POINTE NINETY-FIVE LLC

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: Michael Bash

Print Name: MICHAEL BASH

Subscribed and sworn before me

This 20 day of November, 20 17

Teri O'Neil
Notary Public in and for said County and State

SEE CALIFORNIA
JURAT ATTACHED
DATE 11/20/17 INTL TO

PRJ-72672

03/13/18

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 20
day of November, 2017, by Michael Bash

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in blue ink, appearing to read "Teresa D. Lewis", written over a horizontal line.

SDR-72896

PRJ-72672
03/13/18



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SITE DEVELOPMENT PLAN REVIEW
Project Address (Location) 6994 SKY POINTE DRIVE
Project Name SKY POINTE APARTMENTS Proposed Use _____
Assessor's Parcel #(s) 125-21-202-001 Ward # 6
General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
Commercial Square Footage _____ Floor Area Ratio _____
Gross Acres 3.8 Lots/Units _____ Density _____
Additional Information _____

PROPERTY OWNER SKY POINTE NINETY-FIVE LLC Contact MICHAEL BASH
Address 5100 W CHARLESTON BLVD Phone: _____ Fax: _____
City LAS VEGAS State NV Zip 89146
E-mail Address _____

APPLICANT SAME Contact _____
Address _____ Phone: _____ Fax: _____
City _____ State _____ Zip _____
E-mail Address _____

REPRESENTATIVE MY DEVELOPMENT CORP Contact DENNIS E RUSK
Address 522 E TWAIN AVE Phone: 702-373-7983 Fax: 702-471-1241
City LAS VEGAS State NV Zip 89169
E-mail Address DENNISERUSK@GMAIL.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* Michael Bash

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

Print Name MICHAEL BASH

Subscribed and sworn before me

This 20 day of November, 20 17.

Teena Jones

Notary Public in and for said County and State

SEE CALIFORNIA
JURAT ATTACHED
DATE 11/20/17 INTL TJ

FOR DEPARTMENT USE ONLY

Case # **SDR-72896**

Meeting Date:

Total Fee:

Date Received:*

Received By:

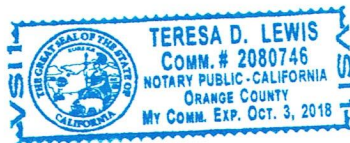
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 20
day of November, 2017, by Michael Bush

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Teresa D. Lewis

SDR-72896

PRJ-72672
03/13/18