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DEPARTMENT OF PLANNING**STATEMENT OF FINANCIAL INTEREST****EOT-74122**Case Number: PRJ-7237 APN: 125-17-210-448Name of Property Owner: TIB LLCName of Applicant: Sagos Tavern and Brew PubName of Representative: John J. Darin

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: Jason Godfrey

Subscribed and sworn before me

This 27 day of December, 2017Notary Public in and for said County and State Clark Nevada



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Sagos Tavern & Brew Pub
Project Address (Location) 7610 Oso Blanca Road
Project Name Sagos Tavern & Brew Pub Proposed Use _____
Assessor's Parcel #(s) 125-17-210-448 Ward # _____
General Plan: existing _____ proposed _____ Zoning: existing T-C proposed _____
Commercial Square Footage 3,869 s.f. Floor Area Ratio 5%
Gross Acres 1.77 ac. Lots/Units _____ Density _____
Additional Information Pre-Application #: PREAPP2017-009019 PRJ - 72337

PROPERTY OWNER TIB LLC Contact Jason Godfrey, President
Address 4790 Fort Apache Rd Ste E Phone: 702-338-1412 Fax: 702-367-0063
City Las Vegas State NV Zip 89147
E-mail Address cs@sagoshan.com

APPLICANT GGW Architects Contact John J. Darin
Address 4945 W. Patrick Lane Phone: (702) 493-0588 Fax: _____
City Las Vegas State NV Zip 89118
E-mail Address JJD@GGWarchitects.com

REPRESENTATIVE GGW Architects Contact John J. Darin
Address 4945 W. Patrick Lane Phone: (702) 493-0588 Fax: _____
City Las Vegas State NV Zip 89118
E-mail Address JJD@GGWarchitects.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 Jason Godfrey

Subscribed and sworn before me

This 27 day of December, 20 17.

Notary Public in and for said County and State Clark Nevada



Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **EOT-74122**

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.

