



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SDR-73508** APN: _____
Name of Property Owner: Cand I Prime Investments, INC.
Name of Applicant: Anteaga's Concrete Inc.
Name of Representative: Aurora Anteaga

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: _____

Aurora Anteaga

Print Name: _____

Aurora Anteaga

Subscribed and sworn before me

This 23rd day of May, 2018

Anna Osuna

Notary Public in and for said County and State





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: _____
 Project Address (Location) 2550 Highland Dr.
 Project Name Arteaga's Concrete Inc Proposed Use Office
 Assessor's Parcel #(s) _____ Ward # _____
 General Plan: existing _____ proposed _____ Zoning: existing _____ proposed _____
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres _____ Lots/Units _____ Density _____
 Additional Information _____

PROPERTY OWNER Carol I Primer Investment Contact Efrain Arteaga
 Address 1806 W. Carey Blvd Phone: 702 813-9108 Fax: 702 222-9541
 City Las Vegas State NV Zip 89102
 E-mail Address acp1806@hotmail.com

APPLICANT Arteaga's Concrete Contact Efrain Arteaga
 Address 1806 W. Carey Blvd Phone: 813 9108 Fax: 222-9541
 City Las Vegas State NV Zip 89102
 E-mail Address acp1806@hotmail.com

REPRESENTATIVE Efrain Contact _____
 Address 1806 W. Carey Blvd Phone: 702 813-9108 Fax: 222-9541
 City Las Vegas State NV Zip 89102
 E-mail Address _____

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* Efrain Arteaga

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

Print Name Aurora Arteaga

Subscribed and sworn before me

This 23rd day of May, 2018.

Anna Osuna

Notary Public in and for said County and State

Revised 03/28/16



FOR DEPARTMENT USE ONLY

Case # **SDR-73508**

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-73406
05/23/18