DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

SDR-71019

Case Number: PRJ-69926 APN: _____

Name of Property Owner: MGG LLC

Name of Applicant: OSCAR O'KEEFE ARCHITECT

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: _____

Print Name: Raul Gil

Subscribed and sworn before me

This 13 day of June, 2017

K. Bayard

Notary Public in and for said County and State of Nevada, Clark County

K. BAYARD
Notary Public, State of Nevada
Appointment No. 16-2097-1
My Appt. Expires Apr 15, 2020

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SDR

Project Address (Location) 1204 S. MAIN

Project Name CASA DON JUAN EXPANSIONS **Proposed Use** _____

Assessor's Parcel #(s) 162-03-110-102 & 132 **Ward #** 3

General Plan: existing _____ proposed _____ **Zoning:** existing CM proposed CM

Commercial Square Footage _____ **Floor Area Ratio** _____

Gross Acres _____ **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER MGG LLC **Contact** RAUL GIL

Address 8251 WINDSOR CREST CT **Phone:** _____ **Fax:** _____

City LAS VEGAS **State** NV **Zip** 89123

E-mail Address _____

APPLICANT OSCAR OKEEFE ARCHITECT **Contact** OSCAR OKEEFE

Address ~~MCCARRAN~~ 2256 SAVANNAH **Phone:** 702 461 4946 **Fax:** _____

City ~~HENDERSON~~ **State** NV **Zip** ~~89044~~

E-mail Address OOK OSCAR @ AOL.COM

REPRESENTATIVE _____ **Contact** _____

Address _____ **Phone:** _____ **Fax:** _____

City _____ **State** _____ **Zip** _____

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* _____

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

Print Name Raul Gil

Subscribed and sworn before me

This 13 day of June, 20 17.

K. Bayard

Notary Public in and for said County and State of Nevada, Clark County

K. BAYARD
Notary Public, State of Nevada
Appointment No. 16-2097-1
My Appt. Expires Apr 15, 2020

FOR DEPARTMENT USE ONLY

Case #	SDR-71019
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.