DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-70718** APN: 139-27-601-008

Name of Property Owner: EWING INVESTMENTS

Name of Applicant: EWING BROS., INC.

Name of Representative: JAY EWING

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: Jay T Ewing

Print Name: JAY T. EWING

Subscribed and sworn before me

This 25TH day of MAY, 2017

Leslie Hoffmire

Notary Public in and for said County and State

LESLIE A. HOFFMIRE
Notary Public, State of Nevada
Appointment No. 09-9712-1
My Appt. Expires Mar 9, 2021

PRJ-70640
06/05/17

Revised 03/28/16

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: EWING BROS., INC.

Project Address (Location) 950 A STREET

Project Name EWING TOW YARD **Proposed Use** VEHICLE STORAGE

Assessor's Parcel #(s) 139-27-601-008 **Ward #** 5

General Plan: existing ROW proposed LI/R **Zoning:** existing _____ proposed M

Commercial Square Footage 0.16 **Floor Area Ratio** N/A

Gross Acres 0.16 **Lots/Units** N/A **Density** N/A

Additional Information TOWING AND IMPOUND YARD

PROPERTY OWNER EWING INVESTMENTS **Contact** JAY EWING

Address 1400 A STREET **Phone:** 7023829261 **Fax:** 7023829455

City LAS VEGAS **State** NEVADA **Zip** 89106

E-mail Address jayewing@ewingbros.com

APPLICANT EWING BROS., INC. **Contact** JAY EWING

Address 1200 A STREET **Phone:** 7023829261 **Fax:** 7023829455

City LAS VEGAS **State** NEVADA **Zip** 89106

E-mail Address jayewing@ewingbros.com

REPRESENTATIVE HORIZON CONSULTANTS **Contact** RICHARD D. SMEDLEY

Address 1895 MICHAEL WAY **Phone:** 7024279350 **Fax:** _____

City LAS VEGAS **State** NEVADA **Zip** 89108

E-mail Address rsmedley5@cox.net

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* Jay T. Ewing

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

Print Name JAY T. EWING

Subscribed and sworn before me

This 25TH day of MAY, 2017.

Notary Public in and for said County and State Clark Nevada

LESLIE A. HOFFMIRE
Notary Public, State of Nevada
Appointment No. 09-9712-1
My Appt. Expires Mar 9, 2021

Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case #	**VAR-70718**
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-70640
05/05/17