



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **VAR-64652** APN: 125-26-512-022

Name of Property Owner: YOUNG SHARI L & JEFFREY L

Name of Applicant: JEFFREY YOUNG

Name of Representative: JAM RD&D

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): _____

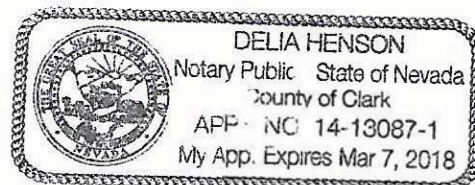
APN: _____

Signature of Property Owner: Shari L. Young / Jeffrey L. Young
Print Name: Shari L. Young / Jeffrey L. Young

Subscribed and sworn before me

This 2nd day of April, 2016

Delia Henson
Notary Public in and for said County and State
State of Nevada
County of Clark



PRJ-64587
05/16/16



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: REDUCTION IN STREET SIDE SETBACK & SEPARATION OF PATIO COV.

Project Address (Location) 6228 OLD TRADITION ST

Project Name YOUNG RESIDENCE Proposed Use RESIDENTIAL

Assessor's Parcel #(s) 125-26-512-022 Ward # 6

General Plan: existing _____ proposed _____ Zoning: existing RPD-3 proposed _____

Commercial Square Footage _____ Floor Area Ratio _____

Gross Acres 0.22 Lots/Units _____ Density _____

Additional Information _____

PROPERTY OWNER JEFFREY YOUNG Contact _____

Address 6228 OLD TRADITION ST Phone: 702-608-0920 Fax: _____

City LAS VEGAS State NV Zip 89130

E-mail Address youngjeffrey4@gmail.com

APPLICANT JEFFREY YOUNG Contact _____

Address 6228 OLD TRADITION ST Phone: 702-608-0920 Fax: _____

City LAS VEGAS State NV Zip 89130

E-mail Address youngjeffrey4@gmail.com

REPRESENTATIVE JAM RD&D Contact JASON MAHEU

Address 652 MIDDLEGATE RD #B Phone: (702) 262-7955 Fax: (702) 253-1182

City HENDERSON State NV Zip 89011

E-mail Address JAMDESIGN2@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* Jeffrey L. Young

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

Print Name JEFFREY L. YOUNG

Subscribed and sworn before me

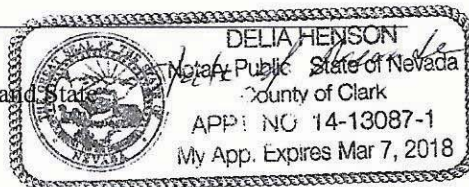
This 22nd day of April, 20 16.

Delia Henson

Notary Public in and for said County and State of

County of Clark

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # **VAR-64652**

Meeting Date: _____

Total Fee: _____

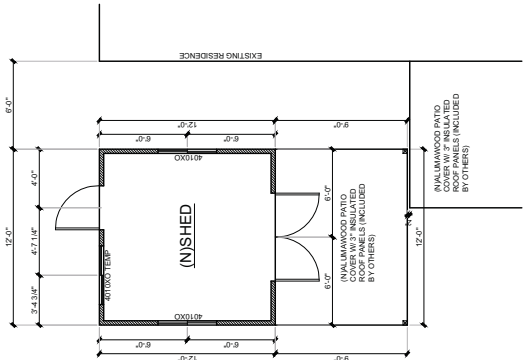
Date Received:*

Received By: _____

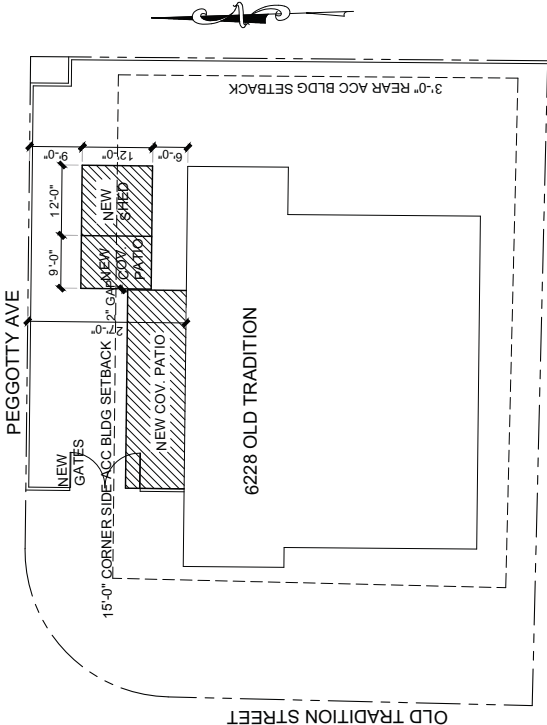
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

f:\depot\Application Packet\Application Form.pdf

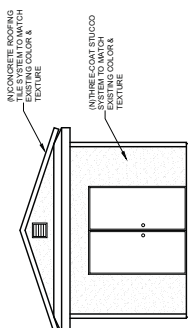
VARIANCE SET



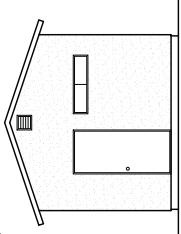
1 FLOOR PLAN
SCALE: 1/4" = 1'-0"



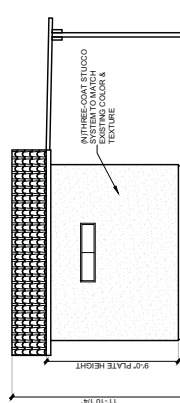
2 SITE PLAN
SCALE: 1" = 20'-0"



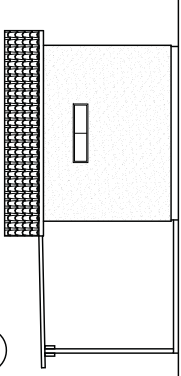
3 FRONT ELEVATION
SCALE: 1/4" = 1'-0"



5 REAR ELEVATION
SCALE: 1/4" = 1'-0"



4 SIDE ELEVATION
SCALE: 1/4" = 1'-0"



6 SIDE ELEVATION
SCALE: 1/4" = 1'-0"

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