DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

VAR-64864

Case Number: PRJ - 64668 APN: 139-34-810-054

Name of Property Owner: Nida & Buddy N. Quitorio

Name of Applicant: Buddy N. Quitorio

Name of Representative: Brian R. Hardy, Esq.

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: Buddy Quitorio

Subscribed and sworn before me

This 26th day of May, 2016

Suzanne F. Belt

Notary Public in and for said County and State

SUZANNE F. BELT
Notary Public State of Nevada
No. 96-4441-1
My Appt. Exp. April 10, 2018

Revised 03/28/16

PRJ-64668
05/31/16

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Quitorio Residence Rezoning

Project Address (Location) 519 South 8th Street, Las Vegas, NV

Project Name Quitorio Residence Rezoning **Proposed Use** _____

Assessor's Parcel #(s) 139-34-810-054 **Ward #** 3

General Plan: existing MXU proposed N/A **Zoning:** existing P-O proposed R-3

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

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

Additional Information Rezoning request and Variance Request for existing contruction

PROPERTY OWNER Buddy & Nida Quitorio **Contact** Brian R. Hardy, Esq.

Address 5640 Silver Beak Way **Phone:** _____ **Fax:** _____

City Las Vegas **State** NV **Zip** 89118

E-mail Address _____

APPLICANT Same as Above **Contact** _____

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

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

E-mail Address _____

REPRESENTATIVE Brian R. Hardy, Esq. **Contact** _____

Address 10001 Park Run Dr. **Phone:** 821-2408 **Fax:** _____

City Las Vegas **State** NV **Zip** 89145

E-mail Address bhardy@maclaw.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 Buddy Quitorio

Subscribed and sworn before me

This 26th day of May, 2016.

Suzanne F. Belt

Notary Public in and for said County and State

SUZANNE F. BELT
Notary Public State of Nevada
No. 96-4441-1
My Appt. Exp. April 10, 2018

FOR DEPARTMENT USE ONLY

Case #	VAR-64864
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-64668
05/31/16

Revised 03/28/16