



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

ZON-64836

Case Number: PRJ-64770 APN: 125-27-610-003 § 022

Name of Property Owner: Filosì ELAINA V FAMILY TRUST

Name of Applicant: ELAINA Filosi

Name of Representative: MORIAM CURRAN

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: _____

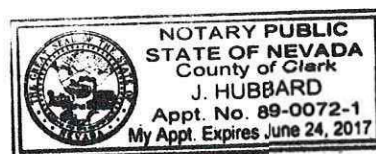
X Signature of Property Owner: Elaina V. Filosi

Print Name: ELAINA V. Filosi trustee

Subscribed and sworn before me

This 12 day of May, 2016

[Signature]
Notary Public in and for said County and State





DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

ZON-64836

Case Number: PRJ 64770

APN: 125-27-610-004,005,006,020,021

Name of Property Owner: FF Series Holdings LLC

Name of Applicant: Farus Farmanali

Name of Representative: Moriah Curran

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:

Farus Farmanali

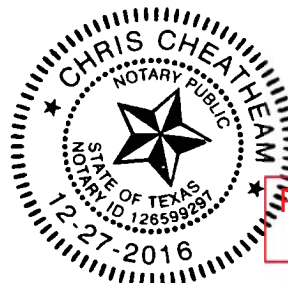
Print Name:

FARUS FARMANALI

Subscribed and sworn before me

This 25 day of May, 20 16

Notary Public in and for said County and State



PRJ-64770
05/31/16



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: GPA / REZONING
 Project Address (Location): N/A
 Project Name: MEMORY CARE FACILITY 1 Proposed Use: C-1
 Assessor's Parcel #(s): 125-27-610-003 & 022 Ward #: _____
 General Plan: existing 0 proposed _____ Zoning: existing 0 proposed C-1
 Commercial Square Footage: _____ Floor Area Ratio: _____
 Gross Acres: .47 Lots/Units: _____ Density: _____
 Additional Information: _____

PROPERTY OWNER: Filosì, ELAINA Family Contact: ELAINA FILOSÌ
TRUST
 Address: 7108 HOPLAND CIRCLE Phone: 373-2993 Fax: _____
 City: LAS VEGAS State: NV Zip: _____
 E-mail Address: _____

APPLICANT: SAME AS PROPERTY OWNER Contact: _____
 Address: _____ Phone: _____ Fax: _____
 City: _____ State: _____ Zip: _____
 E-mail Address: _____

REPRESENTATIVE: MORIATH CURRAN Contact: MORIATH CURRAN
10 NINE DESIGN GROUP
 Address: 801 LAS VEGAS BLVD #150 Phone: 835-7000 Fax: 835-7001
 City: LAS VEGAS State: NV Zip: 89101
 E-mail Address: PERMITS@10NINE.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.

X Property Owner Signature: Elaina V. Filosi

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

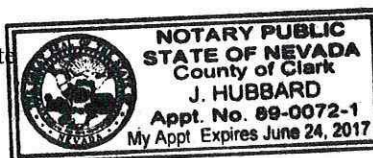
Print Name: ELAINA V. FILOSÌ

Subscribed and sworn before me

This 12 day of may, 2016.

J. Hubbard

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case # **ZON-64836**

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 in consistency with applicable sections of the Zoning Ordinance.



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: GPA / Rezoning

Project Address (Location) _____

Project Name Memory Care Facility 2

Proposed Use Skilled Nursing

Assessor's Parcel #(s) 125-27-610-004,005,006,020,021

Ward # _____

General Plan: existing O proposed C-1 Zoning: existing O proposed C-1

Commercial Square Footage _____

Floor Area Ratio _____

Gross Acres _____

Lots/Units _____

Density _____

Additional Information _____

PROPERTY OWNER FF Series Holdings LLC

Contact Farus Farmanali

Address 13861 ADARE MANOR LN

Phone: _____

Fax: _____

City FRISCO

State TX

Zip 75035

E-mail Address Farus@Qafinvestments.com

APPLICANT SAME AS OWNER

Contact _____

Address _____

Phone: _____

Fax: _____

City _____

State _____

Zip _____

E-mail Address _____

REPRESENTATIVE 10 Nine Design Group

Contact Moriah Curran

Address 801 Las Vegas BLVD #150

Phone: (702) 835-7000

Fax: (702) 835-7001

City Las Vegas

State NV

Zip 89101

E-mail Address permits@10nine.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* Farus Farmanali

FOR DEPARTMENT USE ONLY

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

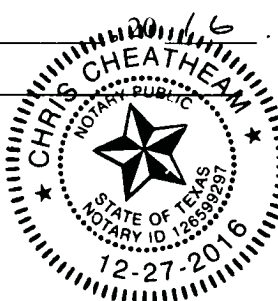
Print Name FARUS FARMANALI

Subscribed and sworn before me

This 25 day of May

Notary Public in and for said County and State

Revised 03/28/16



Case # **ZON-64836**

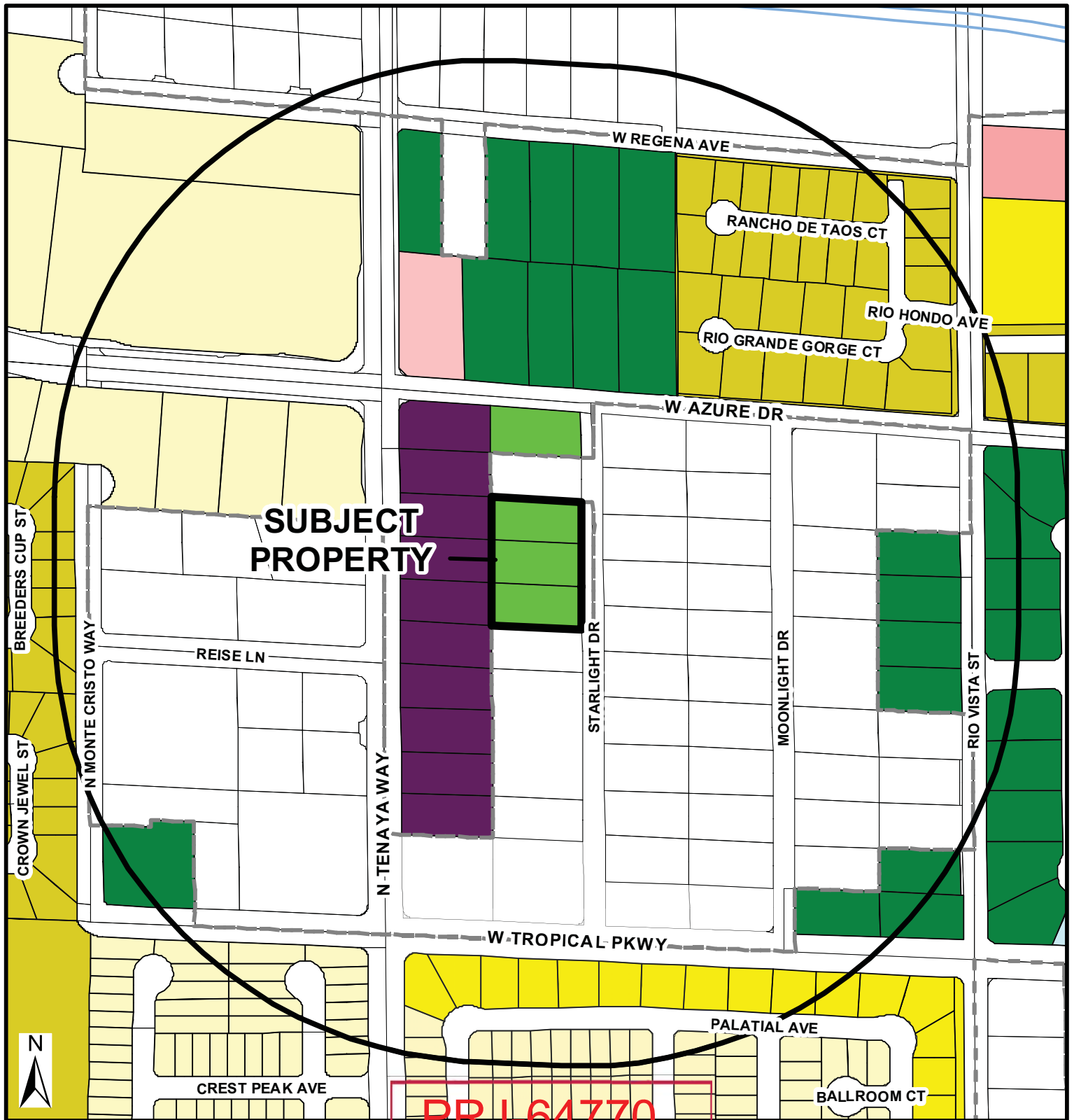
Meeting Date: _____

Total Fee: _____

Date Received:*

Received By: _____

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Zoning

U - (GPA Designation) Undeveloped	R-TH - Single-Family Attached Residential	P-R - Professional Office and Parking	C-M - Commercial/Industrial
R-A - Ranch Acres	R-2 - Medium-Low Density Residential	P-O - Professional Office	M - Industrial
R-E - Residential Estates	R-3 - Medium Density Residential	N-S - Neighborhood Service	C-V - Civic
R-D - Single-Family Residential-Restricted	R-4 - High Density Residential	O - Office	P-C - Planned Community
R-PD - Residential Planned Development	R-5 - Apartment	C-D - Designed Commercial	T-D - Traditional Development
R-1 - Single Family Residential	R-MH - Mobile/Manufactured Home Residence	C-1 - Limited Commercial	PD - Planned Development
R-CL - Single-Family Compact-Lot	R-MHP - Residential Mobile/Manufactured Home Park	C-2 - General Commercial	T-C - Town Center
		C-PB - Planned Business Park	

FROM U(R) TO O

Subject Property

1000ft Buffer

City Limits



GIS maps are normally produced only to meet the needs of the City. Due to continuous development activity this map is for reference only.
Geographic Information System
Planning & Development Dept.
702-229-6301

Date: Wednesday, June 29, 2016