



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-74127** APN: 125-33-114-016
Name of Property Owner: Adam Gordon
Name of Applicant: Adam Gordon
Name of Representative: Same as Above

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: _____

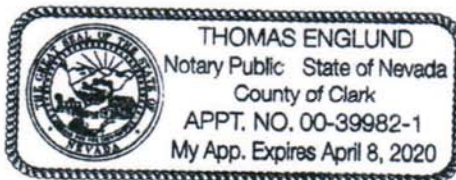
Signature of Property Owner: Adam Gordon

Print Name: Adam Gordon

Subscribed and sworn before me

This 31st day of JULY, 20 18

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





DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SUP
 Project Address (Location) 5400 IRISH SPRING ST. LAS VEGAS, NV 89149
 Project Name 5400 IRISH SPRING STREET-STAIR-SUP Proposed Use STR
 Assessor's Parcel #(s) 125-33-114-016 Ward # 4
 General Plan: existing ☒ proposed ☐ Zoning: existing ☒ proposed ☐
 Commercial Square Footage 2440 Floor Area Ratio 1
 Gross Acres 0.20 Lots/Units 1 Density 1
 Additional Information _____

PROPERTY OWNER Gordon Family Trust Contact Adam Gordon
 Address 5400 Irish Spring St. Phone: 702-993-5999 Fax: 888-882-0625
 City Las Vegas State NV Zip 89149
 E-mail Address adamgordon@cox.net

APPLICANT Same as Above Contact Adam Gordon
 Address 185 Carthage St. Phone: SAME Fax: SAME
 City Henderson State NV Zip 89074
 E-mail Address adamgordon@cox.net

REPRESENTATIVE SAME AS ABOVE Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State _____ Zip _____
 E-mail Address _____

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

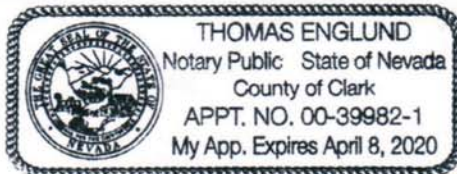
Print Name Adam Gordon

Subscribed and sworn before me

This 31st day of JULY, 20 18

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

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case # **SUP-74127**

Meeting Date:

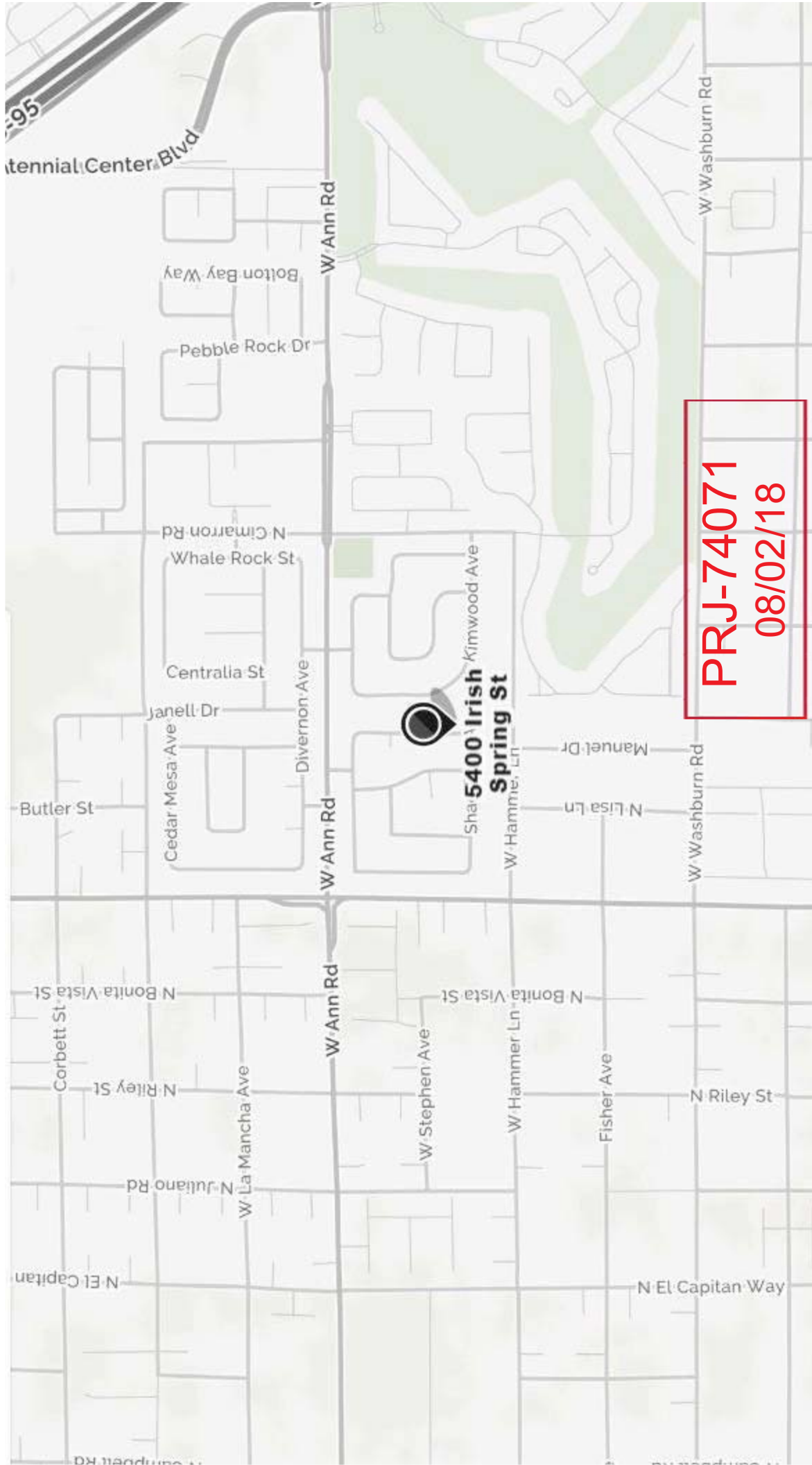
Total Fee:

Date Received:*

Received By:

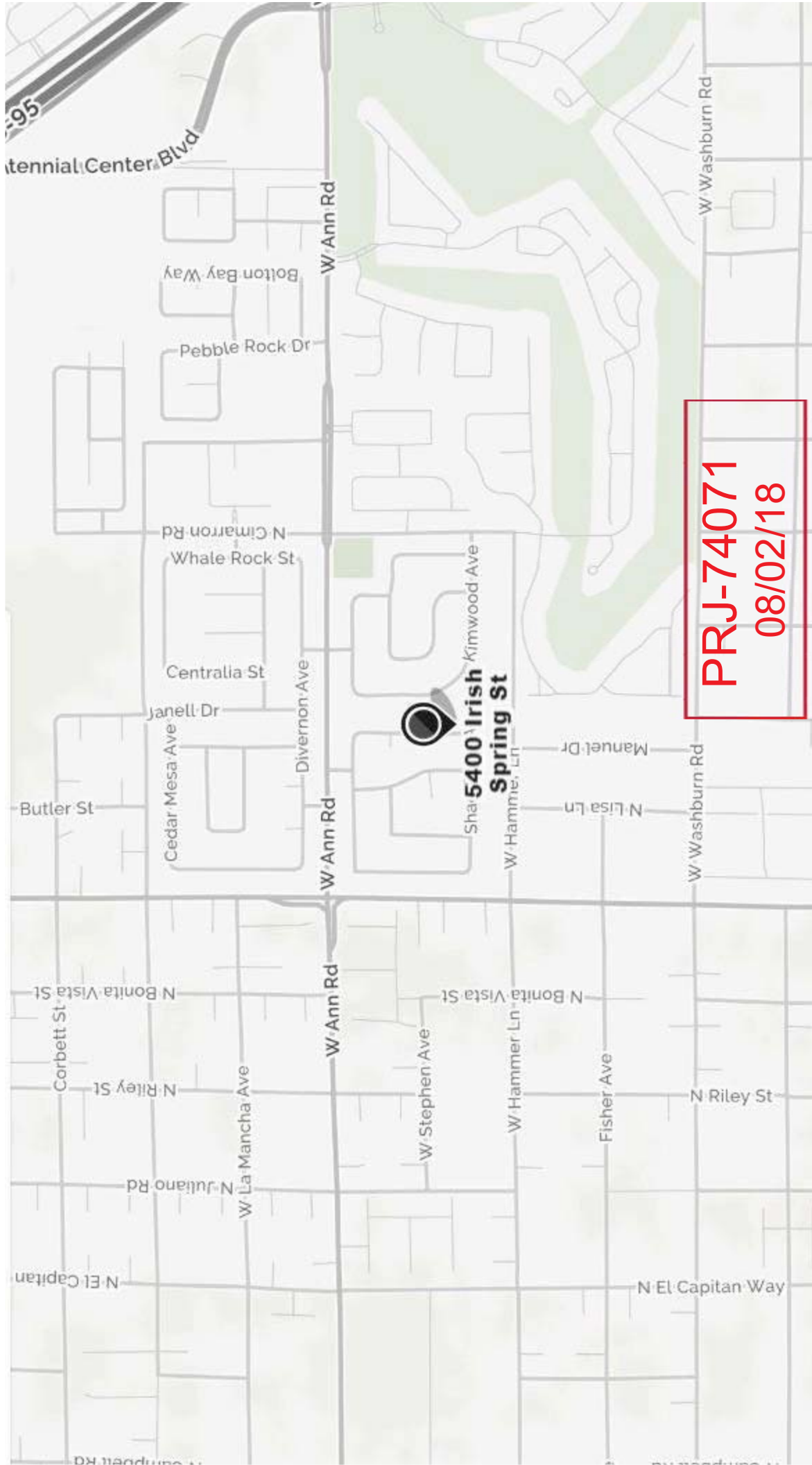
*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

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

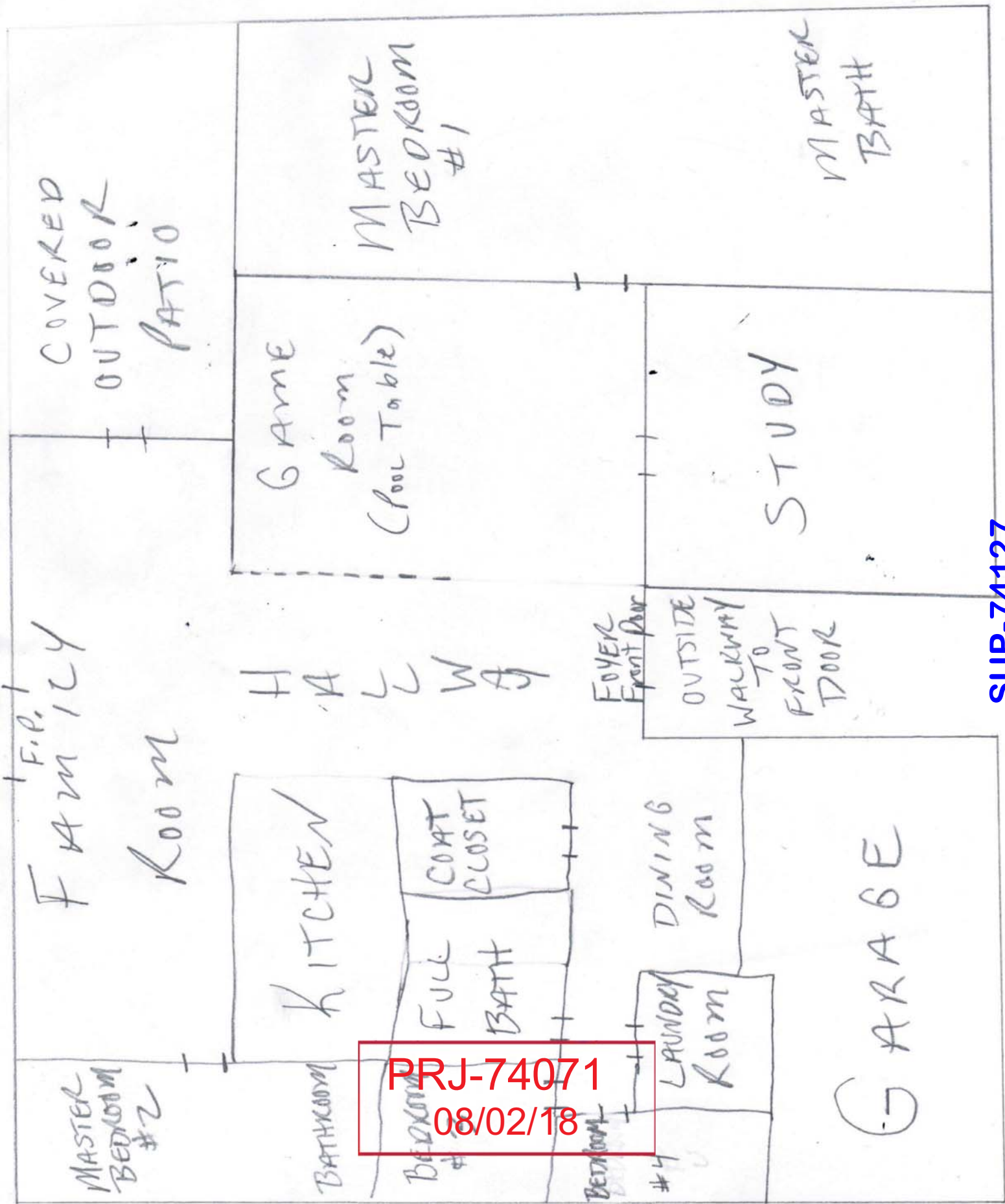


PRJ-74071
08/02/18

SUP-74127



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