DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

VAR-75056

Case Number: PRJ-74764 APN: 138-36-804-002 & 003

Name of Property Owner: A M D UNITED HOLDINGS LLC

Name of Applicant: Hamid Panahi

Name of Representative: _____

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: Andrew Shakib

Subscribed and sworn before me

This 18th day of OCT., 2018

_____

Notary Public in and for said County and State

CANDY RODRIGUEZ
Notary Public - California
Los Angeles County
Commission # 2151031
My Comm. Expires May 26, 2020

Revised 03/28/16

PRJ-74764
10/22/18

DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit and Parking Variance

Project Address (Location) 5000 W. Charleston Blvd.

Project Name Remodel / Addition of Retail Center **Proposed Use** Minor Auto Repair

Assessor's Parcel #(s) 138-36-804-002 & 003 **Ward #** 1

General Plan: existing _____ proposed _____ **Zoning:** existing C-1 proposed C-1

Commercial Square Footage 18,348 **Floor Area Ratio** .37

Gross Acres 1.17 **Lots/Units** _____ **Density** _____

Additional Information _____

PROPERTY OWNER AMD United Holding LLC **Contact** Fred Shakib

Address 16461 Sherman Way, Suite 140 **Phone:** (818) 326-6766 **Fax:** _____

City Van Nuys **State** CA **Zip** 91406

E-mail Address _____

APPLICANT Hamid Panahi **Contact** _____

Address 145 Dillon Ave., Bldg. D **Phone:** (702) 384-4446 **Fax:** _____

City Campbell **State** CA **Zip** 95008

E-mail Address hp@hpatelier.com

REPRESENTATIVE _____ **Contact** _____

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

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

E-mail Address _____

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 Andrew Shakib

Subscribed and sworn before me

This 18th day of OCTOBER, 20 18.

_____

Notary Public in and for said County and State

CANDY RODRIGUEZ
Notary Public - California
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FOR DEPARTMENT USE ONLY

Case #	VAR-75056
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 Code.

PRJ-74764
10/22/18