



## DEPARTMENT OF PLANNING

### STATEMENT OF FINANCIAL INTEREST

**SUP-74818**

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: \_\_\_\_\_

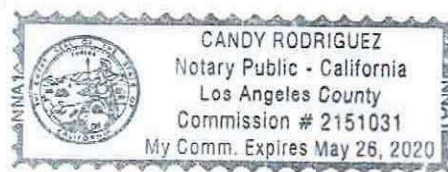
Signature of Property Owner: 

Print Name: Andrew Shakib

Subscribed and sworn before me

This 18<sup>th</sup> day of OCT., 2018

  
Notary Public in and for said County and State





# 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\* [Signature]

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

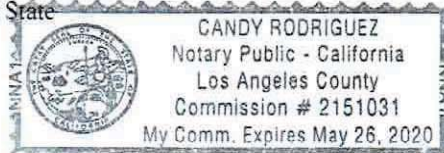
Print Name Andrew Shakib

Subscribed and sworn before me

This 18<sup>th</sup> day of OCTOBER, 2018

[Signature]

Notary Public in and for said County and State



Revised 03/28/16

FOR DEPARTMENT USE ONLY

Case # **SUP-74818**

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-74764**  
**10/22/18**