# DEPARTMENT OF PLANNING

## STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-74789 APN: 163-03-602-007

Name of Property Owner: NANCY FALLON

Name of Applicant: NANCY FALLON

Name of Representative: NANCY FALLON

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: NANCY FALLON

Subscribed and sworn before me

This 13th day of Sept., 2018

Evangelina L. Diaz

Notary Public in and for said County and State

EVANGELINA L. DIAZ
Notary Public, State of Nevada
Appointment No. 08-7003-1
My Appt. Expires Jul 6, 2020

Revised 03/28/16

PRJ-74757
10/17/18

# DEPARTMENT OF PLANNING

## APPLICATION / PETITION FORM

**Application/Petition For:** Special Use Permit

**Project Address (Location)** 1501 Montessouri Street

**Project Name** Montessouri Rentals **Proposed Use** Short-term Rental

**Assessor's Parcel #(s)** 163-03-602-007 **Ward #** _____

**General Plan:** existing _____ proposed _____ **Zoning:** existing _____ proposed _____

**Commercial Square Footage** _____ **Floor Area Ratio** _____

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

**Additional Information** _____

**PROPERTY OWNER** Fallon Nancy Trust **Contact** Nancy Fallon

**Address** 69 Antique Garden Street **Phone:** 7022654481 **Fax:** 7022484095

**City** Las Vegas **State** NV **Zip** 89138

**E-mail Address** Montessourirentals@gmail.com

**APPLICANT** Nancy Fallon **Contact** Nancy Fallon

**Address** 1501 Montessouri Street **Phone:** 7022654481 **Fax:** 7022484095

**City** Las Vegas **State** NV **Zip** 89117

**E-mail Address** Montessourirentals@gmail.com

**REPRESENTATIVE** Nancy Fallon **Contact** Nancy Fallon

**Address** 69 Antique Garden Street **Phone:** 7022654481 **Fax:** 7022484095

**City** Las Vegas **State** NV **Zip** 89138

**E-mail Address** Montessourirentals@gmail.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** Nancy Fallon

Subscribed and sworn before me

This 13th day of September, 20 18.

Evangelina L-D

Notary Public in and for said County and State

EVANGELINA L. DIAZ
Notary Public, State of Nevada
Appointment No. 08-7003-1
My Appt. Expires Jul 6, 2020

*FOR DEPARTMENT USE ONLY*

| | |
|---|---|
| Case # | SUP-74789 |
| Meeting Date: | |
| Total Fee: | |
| Date Received:* | |
| Received By: | |

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

PRJ-74757
10/17/18

Revised 10/27/08

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

# DEPARTMENT OF PLANNING

## APPLICATION / PETITION FORM

**Application/Petition For:** Special Use Permit

**Project Address (Location)** 1501 Montessouri St. Las Vegas NV 89117

**Project Name** Montessouri Rentals **Proposed Use** Special use permit for short-term Rental

**Assessor's Parcel #(s)** (176957) 163-03-602-007 **Ward #** 1

**General Plan:** existing _____ proposed No change **Zoning:** existing _____ proposed No change

**Commercial Square Footage** 3106 sqft **Floor Area Ratio** _____

**Gross Acres** .56 **Lots/Units** _____ **Density** _____

**Additional Information** _____

**PROPERTY OWNER** Nancy Fallon Trust **Contact** 702-265-4481

**Address** 69 Antique Garden St. **Phone:** 702 265 4481 **Fax:** 0

**City** Las Vegas **State** NV **Zip** 89138

**E-mail Address** montessourirentals@gmail.com

**APPLICANT** Nancy Fallon **Contact** 7022654481

**Address** 69 Antique Garden St. **Phone:** 702 265 4481 **Fax:** 0

**City** Las Vegas **State** NV **Zip** 89138

**E-mail Address** DRFallon@HOTMAIL.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.

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**Print Name** Nancy Fallon

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This 13th day of September, 20 18.

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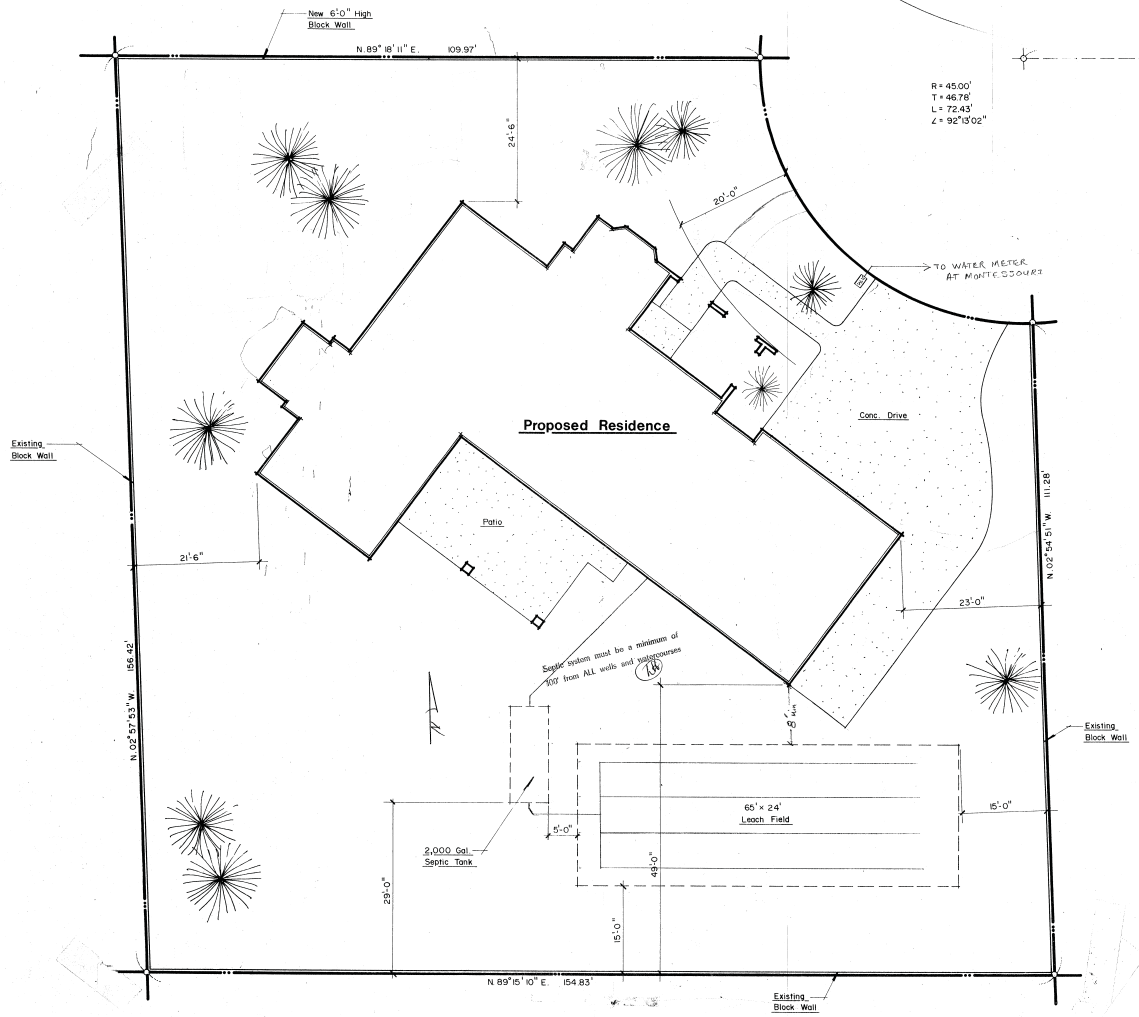
*The application will not be deemed complete until the submitted plans have been reviewed by the Department of Planning for consistency with applicable sections of the Zoning Ordinance.

PRJ-74757
10/17/18

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




## Site Plan

Scale - 1" = 10'-0"

North

THE STREET ADDRESS SHALL BE POSTED ON THE BUILDING IN SUCH A POSITION TO BE PLAINLY LEGIBLE FROM THE STREET FRONTING THE PROPERTY.

REQUIRE PLUMBING AND A/C DRAWING BEFORE PERMITS ARE ISSUED

PLANS APPROVED - CONSTRUCTION

1501 MONTESSOURI ST.

Water service is available to this property or an application has been made to extend water service to this property.

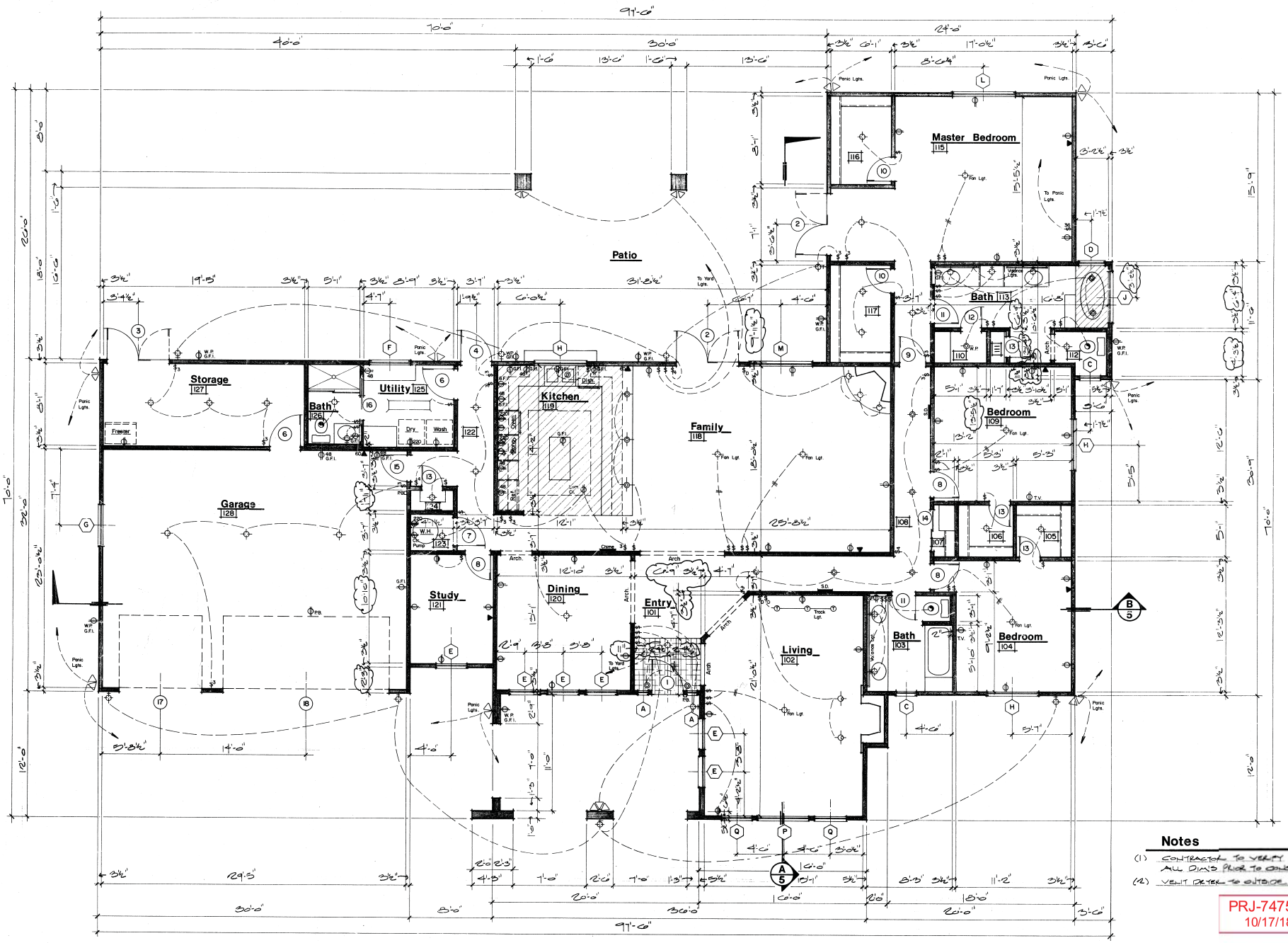
LVWD

Owner Larry & Hicks

Sheet Title

New Residence

SUP-74789




## Floor Plan

SCALE: 1/4"=1'-0"

### Notes

(1) CONTRACTOR TO VERIFY ALL DIMS PRIOR TO CONSTR.

(2) VENT DRYER TO OUTSIDE

PRJ-74757
10/17/18

Owner Larry & Mitzi Hicks

Job Title A New Residence

Sheet Title

Job No. 86007

Date

Sheet No. 3

SUP-74789