



DEPARTMENT OF PLANNING

STATEMENT OF FINANCIAL INTEREST

Case Number: SUP-74867 APN: _____

Name of Property Owner: John Schulzetenberg

Name of Applicant: John Schulzetenberg

Name of Representative: John Schulzetenberg

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

[x] 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: _____

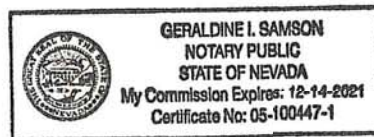
Signature of Property Owner: [Handwritten Signature]

Print Name: John Schulzetenberg

Subscribed and sworn before me

This 12th day of OCTOBER, 2018

[Handwritten Signature]
Notary Public in and for said County and State
STATE OF NEVADA, CLARK COUNTY



PRJ-74827
10/29/18



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: SPECIAL USE PERMIT / SHORT TERM RESIDENTIAL RENTAL

Project Address (Location) 1101 S 6th Street, Las Vegas, NV 89104

Project Name John Jack Las Vegas LLC Proposed Use _____

Assessor's Parcel #(s) 16203511002 Ward # _____

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

Commercial Square Footage _____ Floor Area Ratio _____

Gross Acres _____ Lots/Units _____ Density _____

Additional Information _____

PROPERTY OWNER John Schulzetenberg Contact John Schulzetenberg
 Address 4224 W Charleston Blvd #321 Phone: 702-992-5119 Fax: _____
 City Las Vegas State NV Zip 89104
 E-mail Address tinabowlin@vegasgetaways.net

APPLICANT John Schulzetenberg Contact John Schulzetenberg
 Address 4224 W Charleston Blvd #321 Phone: 702-992-5119 Fax: _____
 City Las Vegas State NV Zip 89102
 E-mail Address tinabowlin@vegasgetaways.net

REPRESENTATIVE John Schulzetenberg Contact John Schulzetenberg
 Address 4224 W Charleston Blvd #321 Phone: 702-992-5119 Fax: _____
 City Las Vegas, State NV Zip 89102
 E-mail Address tinabowlin@vegasgetaways.net

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 duly authorized by the owner to make this submission, as indicated by the owner's signature below.

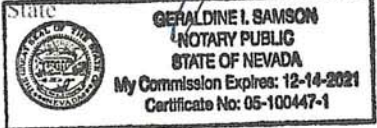
Property Owner Signature: [Signature]

Print Name John Schulzetenberg

Subscribed and sworn before me
This 12th day of OCTOBER, 2018

STATE OF NEVADA CLATSOP COUNTY [Signature]

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case # **SUP-74867**

Meeting Date: _____

Total Fee: _____

Date Received: * _____

Received By: _____

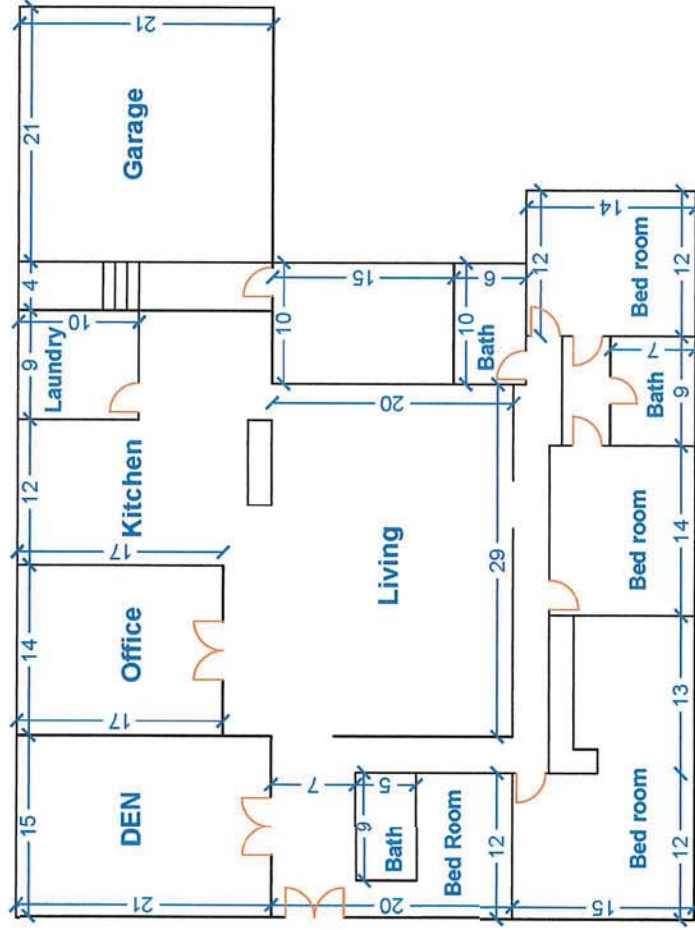
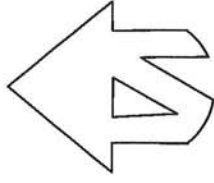
*The application will not be deemed complete until the submitted material is received by the Department of Planning for compliance with applicable sections of the Zoning Ordinance.

PRJ 74827
10/29/18



Address For Site Plan: 1101 S. 6th Street
City, State, ZIP: Las Vegas, NV, 89104
Purpose of site plan: SUP (Special Use Permit)

Scale:
1" = 10'



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