



005014



September 26, 2000

CERTIFIED & REGULAR MAIL

MAYOR  
OSCAR B. GOODMAN

CITY COUNCIL  
MICHAEL J. McDONALD  
(MAYOR PRO-TEM)  
GARY REESE  
LARRY BROWN  
LYNETTE B. McDONALD  
LAWRENCE WEEKLY  
MICHAEL MACK

CITY MANAGER  
VIRGINIA VALENTINE

John P. & Kathleen C. Morgan  
4113 Via Olivero Avenue  
Las Vegas, Nevada 89102

Re: Notice of Appeal Hearing – 4113 Via Olivero Avenue

Dear Property Owners:

The Las Vegas City Council, at their regular meeting of September 20, 2000, denied your appeal of the Deputy City Manager's decision to amortize a non-conforming use on property located at 4113 Via Olivero Avenue. The City Council ordered the amortization to begin on September 21, 2000, for a period of six months. This item will be on the March 21, 2001 City Council agenda.

Sincerely,

Barbara Jo Ronemus  
City Clerk

/bkb

cc: Doug Selby, Deputy City Manager  
Tim Chow, Director, Planning & Development

CITY OF LAS VEGAS  
400 STEWART AVENUE  
LAS VEGAS, NEVADA 89101

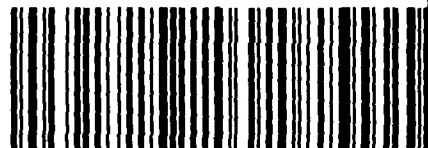
VOICE 702.229.6011  
TDD 702.386.9108  
www.ci.las-vegas.nv.us



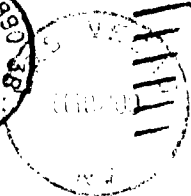
# CITY of LAS VEGAS

OFFICE OF THE CITY CLERK  
 CITY HALL  
 400 EAST STEWART  
 LAS VEGAS, NEVADA 89101-2986

**CERTIFIED MAIL**



70005200087380484



**UNCLAIMED**

John P. & Kathleen C. Morgan  
 4113 Via Olivero Avenue  
 Las Vegas, Nevada 89102

KEEP  
 CITY CLERK  
 OCT 20 11:07

10/10  
 10-19  
 2/17  
 10/3

PS Form 3811, December 1994 Domestic Return Receipt

6. Signature: (Addressee or Agent) X	
5. Received By: (Print Name)	
JOHN P & KATHLEEN C MORGAN 4113 VIA OLIVERO AVENUE LAS VEGAS NV 89102	
3. Article Addressed to:	
4a. Article Number 70005200087380484	
4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
7. Date of Delivery	
8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

**SENDER:**  
 Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

1.  Addressee's Address following services (for an extra fee):  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?