



Legal Notices Transmittal and Scanning Separator Sheet

Legal Notice Type: Legal Mailings

Date of Transfer to ERM: 4/21/2014

Page Count: 5

Meeting Date: 4/16/2014

Meeting Type: City Council <=>

Case Number(s): VAC-52721 <=>

Subject of Affidavit: Applicant: Westcare - Owner: Southern Nevada Regional Housing Authority - at North Maryland Parkway <=>

Record Series: Legal Notices

LRDA Number: 2007-1717

Retention: Permanent

File By: Meeting Date



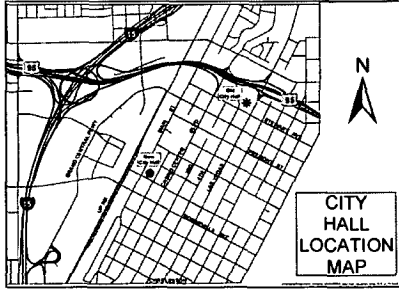
Prepared By: afoster

Scanned By: _____

QC By: _____

City of Las Vegas
Office Of The City Clerk
495 S. Main St., City Hall
Las Vegas, Nevada 89101

Return Service Requested
Official Notice of Public Hearing



If you wish to file your protest or support on this request, check the appropriate box below and return this card in an envelope with postage to the Office Of The City Clerk at the address listed above, fax this side of this card to (702) 382-4803 or make your comments at www.lasvegasnevada.gov. If you would like to contact your Council Representative, please call (702) 229-6405.

I SUPPORT
this Request

I OPPOSE
this Request

Please use available blank space on card for your comments.

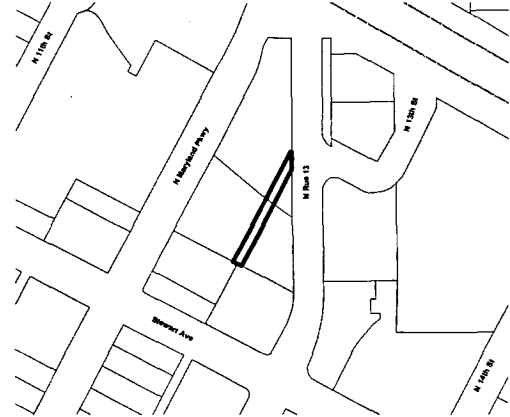
VAC-52721 [PRJ-52498]

City Council Meeting of April 16, 2014

Application Information

VAC-52721 - VACATION RELATED TO VAR-52719, SUP-52715 AND SUP-52717 - PUBLIC HEARING - APPLICANT: WESTCARE - OWNER: SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY - For possible action on a petition to Vacate a PUBLIC RIGHT OF WAY at 323 North Maryland Parkway (APNs 139-35-211-071, 072 and 093), Ward 5 (Barlow) [PRJ-52498].

Application Location



The proposed project may not pertain to the entire highlighted project site.

Public Hearing Information

Meeting: City Council
Date: *April 16, 2014*
Time: 1:00 P.M.
Location: City Council Chambers
495 South Main Street, 2nd Floor
Las Vegas, Nevada 89101

Any and all interested persons may appear and be heard at said meeting, or may, prior to this meeting, file a written objection thereto or approval thereof with the City Clerk, 2nd Floor, City Hall, 495 South Main Street, Las Vegas, Nevada 89101. For further information, including the full staff report, please call (702)229-6311 (7-1-1 Relay Nevada) or go to <http://www.lasvegasnevada.gov>.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Rhoda Anderson <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Rhoda Anderson	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mr. Michael Lavin Fitzhouse Enterprise Inc. 900 Grier Drive Suite A Las Vegas, Nevada 89119 </div>	C. Date of Delivery APR - 2 A 10:59 RECEIVED CITY CLERK	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 0470 0000 9891 1164		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; text-align: center;"> Mr. John Hill Southern NV Housing Authority 340 North 11th Street Las Vegas, Nevada 89101 </div>	C. Date of Delivery APR - 2 A 10:50 RECEIVED CITY CLERK	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 0470 0000 9891 1201		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px;"> Case: VAC-52721 13935211071 SOUTHERN NV HOUSING AUTHORITY %J HILL 340 N 11TH ST #170 LAS VEGAS NV 89101-3125 </div>	C. Date of Delivery APR - 2 A 10:59 RECEIVED CITY CLERK	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
	3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7012 0470 0000 9891 1188		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

Certified Mail 7012-0470-0000-9891-

SET MIS

Case: VAC-52721

13935211092
7-ELEVEN INC
%AV TAX DEPT #29659
P O BOX 711
DALLAS TX 75221-0711

1171

Case: VAC-52721

13935211071
SOUTHERN NV HOUSING AUTHORITY
%J HILL
340 N 11TH ST #170
LAS VEGAS NV 89101-3125

1188

Case: VAC-52721

13935211073
ALBISER JUDY & BRIAN LIV TR 2005
ALBISER BRIAN & JUDY TRS
805 SHETLAND RD
LAS VEGAS NV 89107-4519

1218

Mr. John Hill
Southern NV Housing Authority
340 North 11th Street
Las Vegas, Nevada 89101

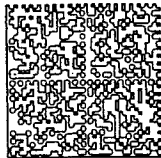
1201

Mr. Michael Lavin
Fitzhouse Enterprise Inc
900 Grier Drive Suite A
Las Vegas, Nevada 89119

1164

Mr. John T Moran III, Esq
Moran Law Firm, LLC
630 South 4th Street
Las Vegas, Nevada 89101

1195



UNITED STATES POSTAGE
Eagle logo
PITNEY BOWES
02 1M \$ 00.00⁰
0004279218 MAR 31 2014
MAILED FROM ZIP CODE 89101

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. John T Moran III, Esq
 Moran Law Firm, LLC
 630 South 4th Street
 Las Vegas, Nevada 89101

2. Article Number
(Transfer from service label)

7012 0470 0000 9891 1195

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name)
Nicole Gallegos
- C. Date of Delivery
4/1/04
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 CITY CLERK
 APR 1 3 40 PM '04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

13935211092 Case: VAC-52721
 7-ELEVEN INC
 %AV TAX DEPT #29659
 P O BOX 711
 DALLAS TX 75221-0711

2. Article Number
(Transfer from service label)

7012 0470 0000 9891 1171

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name)
James Martin
- C. Date of Delivery
4-07-04
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 CITY CLERK
 APR 1 11 04 AM '04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

13935211073 Case: VAC-52721
 ALBISER JUDY & BRIAN LIV TR 2005
 ALBISER BRIAN & JUDY TRS
 805 SHETLAND RD
 LAS VEGAS NV 89107-4519

2. Article Number
(Transfer from service label)

7012 0470 0000 9891 1218

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name)
Bryan Albers
- C. Date of Delivery
4/1/04
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
 CITY CLERK
 APR 1 14 45 PM '04