



DEPARTMENT OF PLANNING

Application / Petition Form & Statement of Financial Interest

Department Use

Case #
Meeting Date
Total Fee
Received By/Date

Case Type (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc) Special Use Permit

Project Address (Location) 5013 Alta Dr Las Vegas NV 89107

Project Name Thai Massage Golden Beauty **Proposed Use** Massage Establishment

Assessor's Parcel #(s) 13836701018 **Ward #** _____

General Plan: Existing _____ Proposed _____ **Zoning:** Existing _____ Proposed _____

Additional Information Massage Establishment

Property Owner CHARLESTON HEIGHTS SHOPPING CTR LLC **Contact** ELIZABETH SAVÉ

Address 50 S. JONES BLVD #100 **City** L.V. **State** NV **Zip** 89107

E-mail LEASING@BECKERLV.COM **Phone** 702.878.1903

Applicant Yueming Huang **Contact** Yueming Huang

Address 3712 San Joaquin Ave **City** Las Vegas **State** NV **Zip** 89102

E-mail goldenbeautylv@gmail.com **Phone** 702.826.9398

Representative _____ **Contact** _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-mail _____ **Phone** _____

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)** _____

_____ **Partner(s)** _____

* 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 the application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

* Application will not be deemed complete until the submitted materials have been reviewed by Department of Planning for consistency with the Zoning Ordinance.

Property Owner Signature _____
 An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

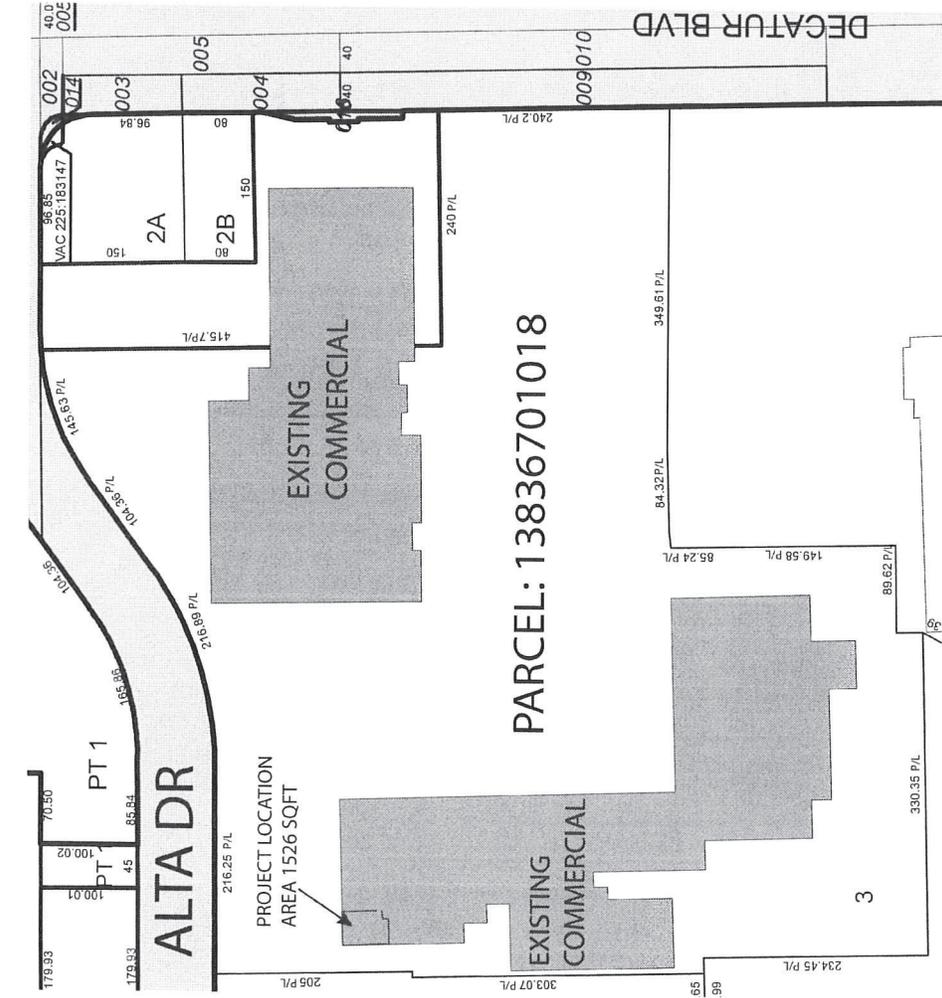
Print Name RANDALL J. BECKER, ITS: MANAGER

Subscribed and sworn before me
 This 11TH day of FEBRUARY, 20 25

 Notary Public in and for said County and State



SITE PLAN ①



SITE DATA:

ADDRESS: 5013 Alta Dr, Las Vegas, NV 89107
 OWNER: CHARLESTON HTS SHOP CTRL LLC
 ZONING: Commercial Professional
 JURISDICTION: Clark County
 APN: 163-13-105-011

VICINITY MAP

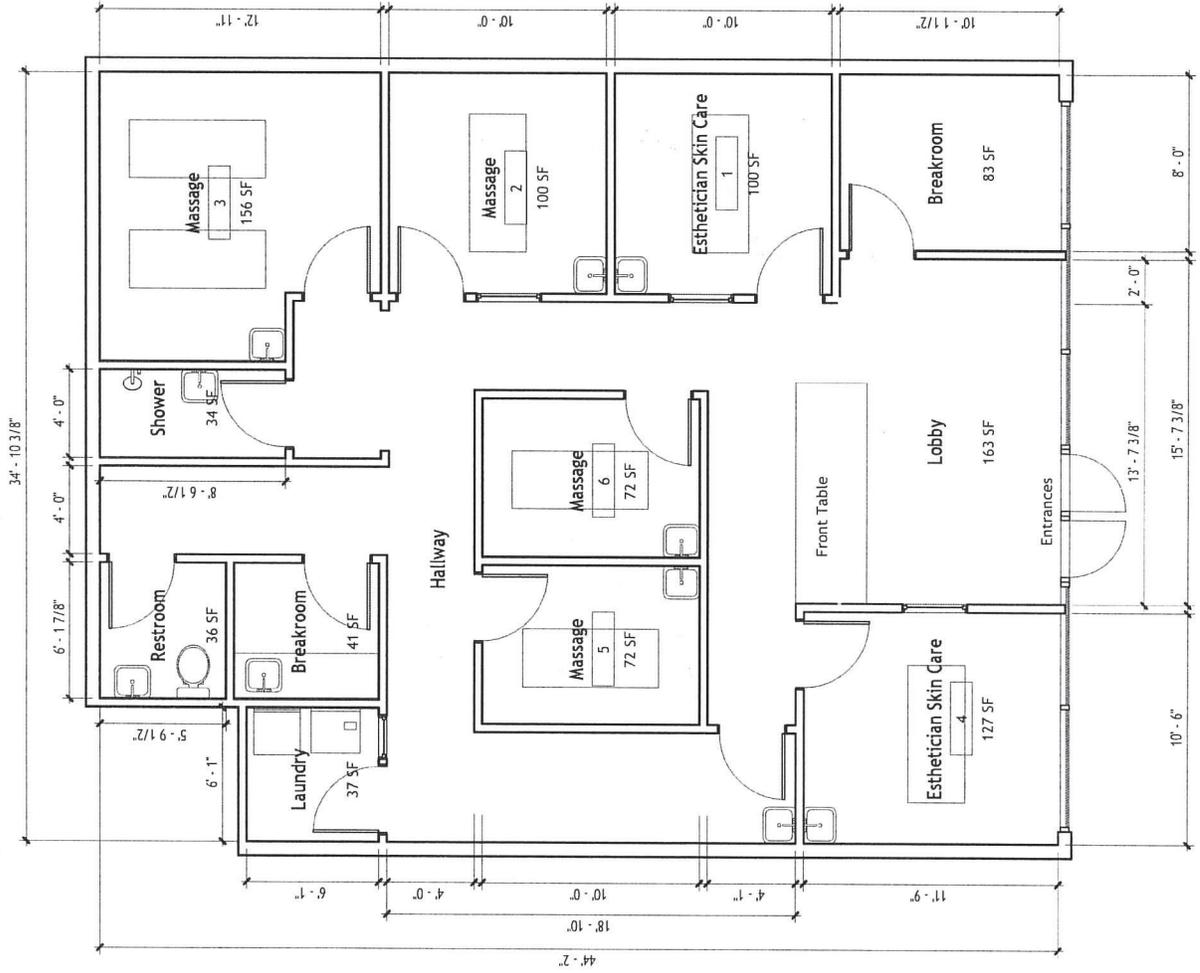


PARKING ANALYSIS

USE: MASAGE 1526SQFT
 REQUIRED: 7 SPACE (4:1000)
 EXISTING PARKING: 546 SPACE
 EXISTING ADA PARKING: 6 SPACE

25-0079
 02/12/2025

FLOOR PLAN ①



Business Name: Thai Massage Golden Beauty LLC
 Address: 5013 Alta Dr, Las Vegas, NV 89107
 Contact: Yueming Huang
 Phone Number: 702-826-9398
 Contact Email: goldenbeautyiv@gmail.com
 Total Area: 1526 sqft

2, 3, 5, 6 are Massage Rooms
 1, 4 are Esthetician Skin Care

Occupancy Load: 22

25-0079
 02/12/2025