



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 and Waiver of Distance Requirements

Project Address (Location) 390 S. Decatur Blvd. Las Vegas, NV 89107

Project Name Superior Grocers **Proposed Use** Alcohol, Off-Premise Full

Assessor's Parcel #(s) 138-36-601-003 **Ward #** 1

General Plan: Existing _____ Proposed _____ **Zoning:** Existing C-2 Proposed _____

Additional Information The Applicant seeks a special use permit for Alcohol, Off-Premise Full and a waiver of distance requirements.

Property Owner Decatur Meadows Partners, LLC **Contact** DANA HAYNES
c/o Citivest Commercial Investments, LLC
Address 4350 Von Karman Ave. Suite 200 Attn: Asset Manager **City** Newport Beach **State** CA **Zip** 90670
E-mail DHaynes@citivestinc.com **Phone** 949-705-0408

Applicant Super Center Concepts, Inc. **Contact** Blake Larson
Address 15510 Carmenita Rd. **City** Santa Fe Springs **State** CA **Zip** 90670
E-mail BLarson@superiorgrocers.com **Phone** (562) 345-8865

Representative Saltzman Mugan Dushoff, PLLC **Contact** Eric J. Beal, Esq.
Address 1835 Village Center Cir. **City** Las Vegas **State** NV **Zip** 89134
E-mail EBeal@nvbusinesslaw.com **Phone** (702) 405-8500

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 Dana Haynes
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

Print Name Dana Haynes

Subscribed and sworn before me
This _____ day of _____, 20____

Notary Public in and for said County and State

(see Attached)

24-0351
07/10/2024

CALIFORNIA JURAT

GOVERNMENT CODE § 8202

24-0351
07/10/2024

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of

Orange

Subscribed and sworn to (or affirmed) before me on

this 29th day of May, 2024, by
Date Month Year

(1) Dana Haynes

(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

[Signature]

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

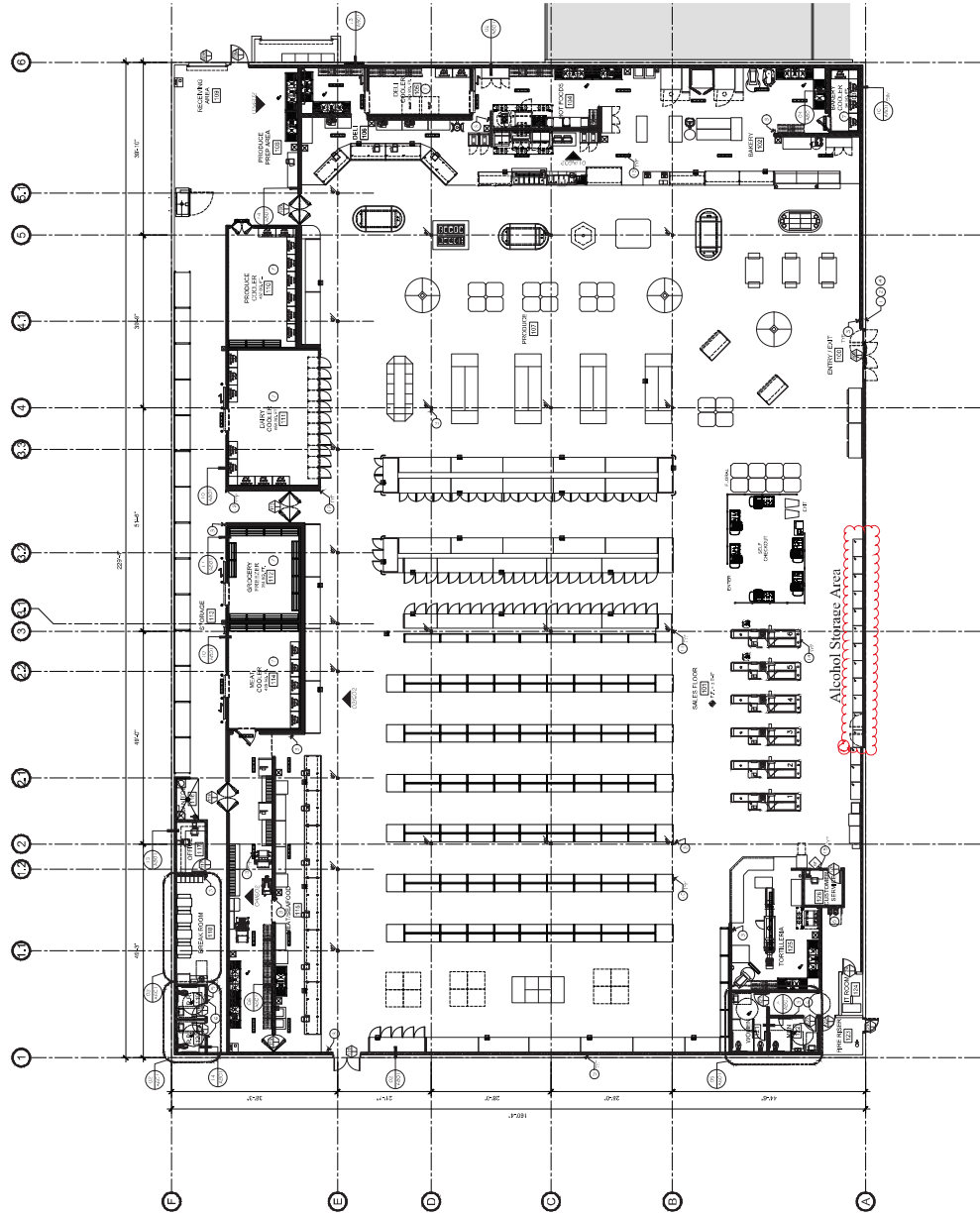
Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____











Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



Maximum Occupancy: 446

KEY NOTES

- | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
|  | (IN) WALL TO BE BUILT |
|  | (IN) WALL TO BE DEMOLISHED |
|  | (IN) WALL TO BE RECONSTRUCTED |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH AND ROOFING |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH AND ROOFING AND FLOORING |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH AND ROOFING AND FLOORING AND CEILING |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH AND ROOFING AND FLOORING AND CEILING AND PAINTING |
|  | (IN) WALL TO BE RECONSTRUCTED WITH INSULATION AND EXTERIOR FINISH AND ROOFING AND FLOORING AND CEILING AND PAINTING AND GLAZING |

DOOR TAG SYMBOL

DOOR NUMBER

HARDWARE GROUP
SEE G2 / AT01

DOOR TYPE SEE SHT AND

WINDOW TYPE

LEGEND

[illegible]

SHEET NOTES

- [illegible]

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www.menarchitects.com

TENANT IMPROVEMENTS FOR:
SUPERIOR GROCERS
390 SOUTH DECATUR BLVD.,
LAS VEGAS, NV 89107

FLOOR PLAN

A101

AS NC