



# 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) OFF PREMISE ADVERTISING SIGN REQUIREMENT REVIEW

Project Address (Location) 4604 MEADOWS LANE, LAS VEGAS, NV

Project Name AMERICAN OUTDOOR MEADOWS MALL SIGN REVIEW Proposed Use NO CHANGE

Assessor's Parcel #(s) 139-31-110-002

Ward #

General Plan: Existing MUX Proposed N/A Zoning: Existing C-1 Proposed N/A

Additional Information ORIGINAL APPLICATIONS: SUP-16947, RQR-31290

RQR-44098, RQR-54821, RQR-68061

Property Owner THE POTTERS HOUSE CHRISTIAN FELLOWSHIP CHURCH OF NV, INC  
STL HOLDINGS, LLC

Contact TOM LECCLAIR

Address 2801 E. CAMELBACK #470

City PHOENIX State AZ Zip 85016

E-mail TOM @ AMERICAN OUTDOOR, NET

Phone 702-498-5457

Applicant AMERICAN OUTDOOR ADVERTISING, LLC

Contact TOM LECCLAIR

Address 2801 E. CAMELBACK #470

City PHOENIX State AZ Zip 85061

E-mail TOM @ AMERICAN OUTDOOR, NET

Phone 702-498-5457

Representative TOM LECCLAIR

Contact TOM LECCLAIR

Address 2801 E. CAMELBACK #470

City PHOENIX State AZ Zip 85016

E-mail TOM @ AMERICAN OUTDOOR, NET

Phone 702-498-5457

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

Subscribed and sworn before me

This 12th day of November, 2024

Amanda Hinchcliff  
Notary Public in and for said County and State

my Commission expires June 30, 2024



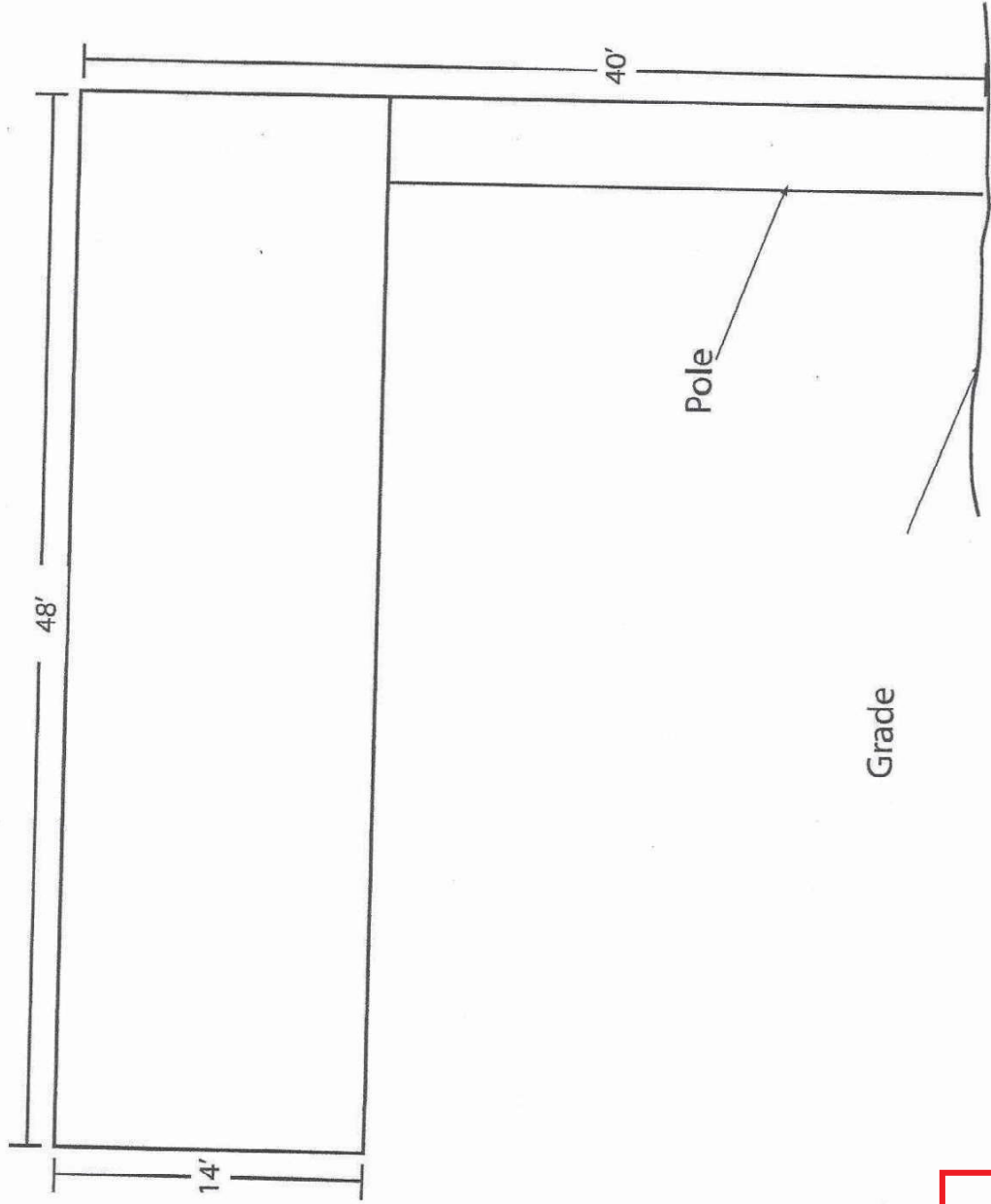
AMANDA HINCHCLIFF  
Notary Public - State of Arizona  
MARICOPA COUNTY  
Commission # 669381  
Expires June 30, 2024

24-0591

11/12/2024



EXISTING SIGN ELEVATION  
4604 MEADOWS LANE



24-0591  
11/12/2024