



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) 4229 BETH AVE.

Project Name 4229 BETH AVE. **Proposed Use** COMMUNITY RESIDENCE

Assessor's Parcel #(s) 13919215081 **Ward #** 5

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

Additional Information _____

Property Owner KIMBERLY A. FARKAS **Contact** _____

Address 3345 W. ARBY AVE **City** LAS VEGAS **State** NV **Zip** 89118

E-mail TWINLAKESESTATELV@GMAIL.COM **Phone** (702) 277-0106

Applicant SAME AS ABOVE **Contact** _____

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

E-mail _____ **Phone** _____

Representative OLIVER NAIDAS **Contact** _____

Address 3345 W. ARBY AVE **City** LAS VEGAS **State** NV **Zip** 89118

E-mail TWINLAKESESTATELV@GMAIL.COM **Phone** (702) 281-6677

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 Kimberly A. Farkas

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

Print Name Kimberly A. FARKAS.

Subscribed and sworn before me

This 13 day of June, 20 24

[Signature]
Notary Public in and for said County and State Clark/Nevada

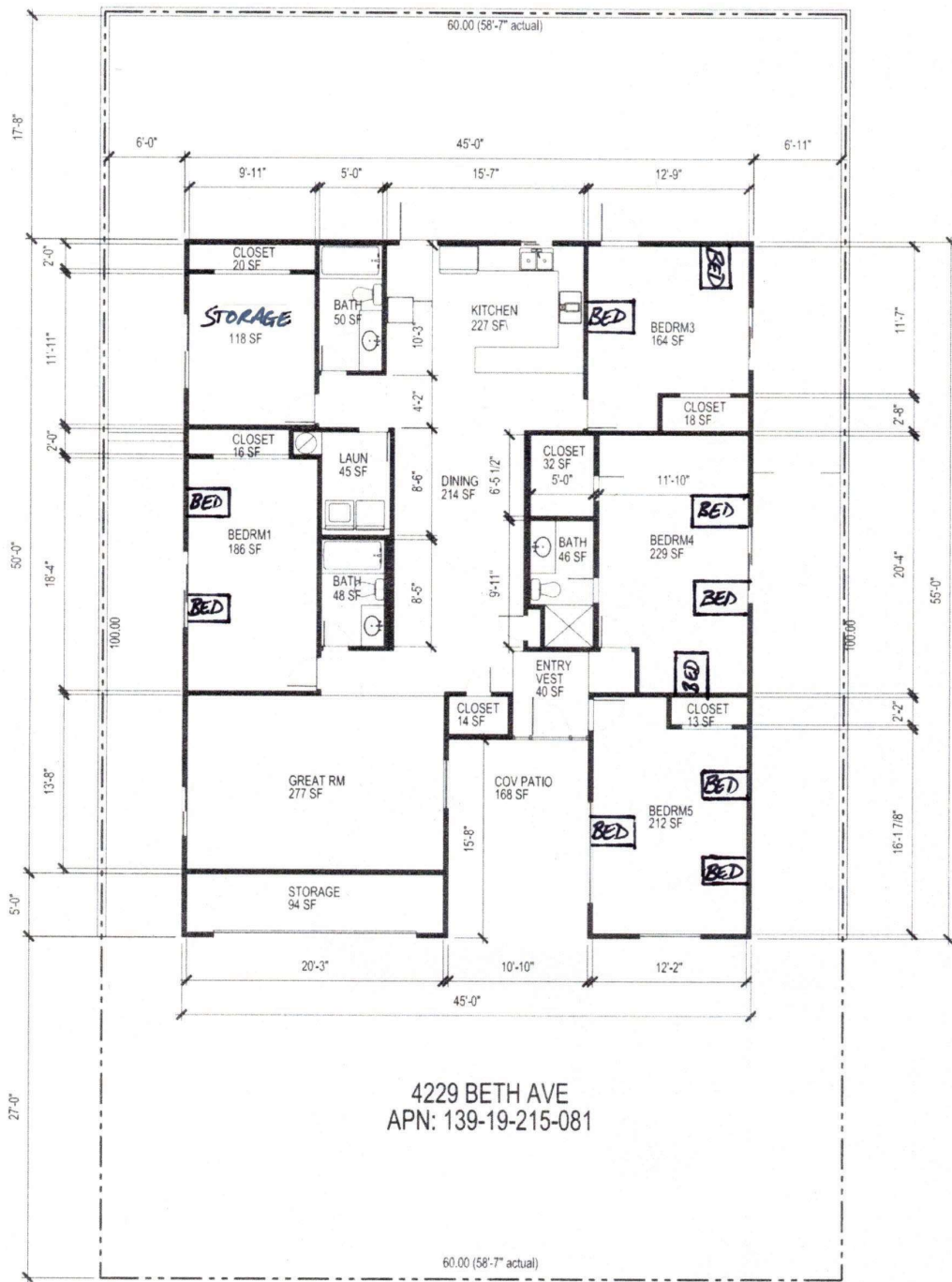




24-0313 06/17/2024

THIS IS NOT A LEGAL SURVEY, NOR IS IT INTENDED TO BE OR REPLACE ONE

This work product represents only generalized locations of features, objects or boundaries and should not be relied upon as being legally authoritative for the precise location of any feature, object or boundary.



EXISTING FLOOR PLAN



KENNETH CHOW
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