



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) 9651 TRAILWOOD DRIVE, LAS VEGAS, NV 89134

Project Name SUMMERLIN IHOP **Proposed Use** _____

Assessor's Parcel #(s) 138-19-420-008 **Ward #** 2

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

Additional Information THIS IS A REQUEST FOR A SPECIAL USE PERMIT TO ALLOW THE SALE AND SERVICE OF BEER/WINE IN CONJUNCTION WITH AN EXISTING RESTAURANT

Property Owner SUMMERLIN RESTAURANT PROPERTY, LLC **Contact** NATHANIEL TAYLOR
Address 1445 FIFTH ST. **City** SANTA MONIC **State** CA **Zip** 90401
E-mail info@thetaylorconsultinggroup.com **Phone** 702-483-7045

Applicant SUMMERHOP, LLC **Contact** NATHANIEL TAYLOR
Address 1445 FIFTH ST. **City** SANTA MONIC **State** CA **Zip** 90401
E-mail info@thetaylorconsultinggroup.com **Phone** 702-483-7045

Representative TAYLOR CONSULTING GROUP, INC. **Contact** NATHANIEL TAYLOR
Address 8414 W. FARM ROAD, #180-211 **City** LAS VEGAS **State** NV **Zip** 89131
E-mail info@thetaylorconsultinggroup.com **Phone** 702-483-7045

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 Joseph Anthony Kouba

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

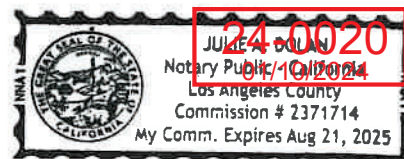
Print Name JOSEPH ANTHONY KoubA

Subscribed and sworn before me

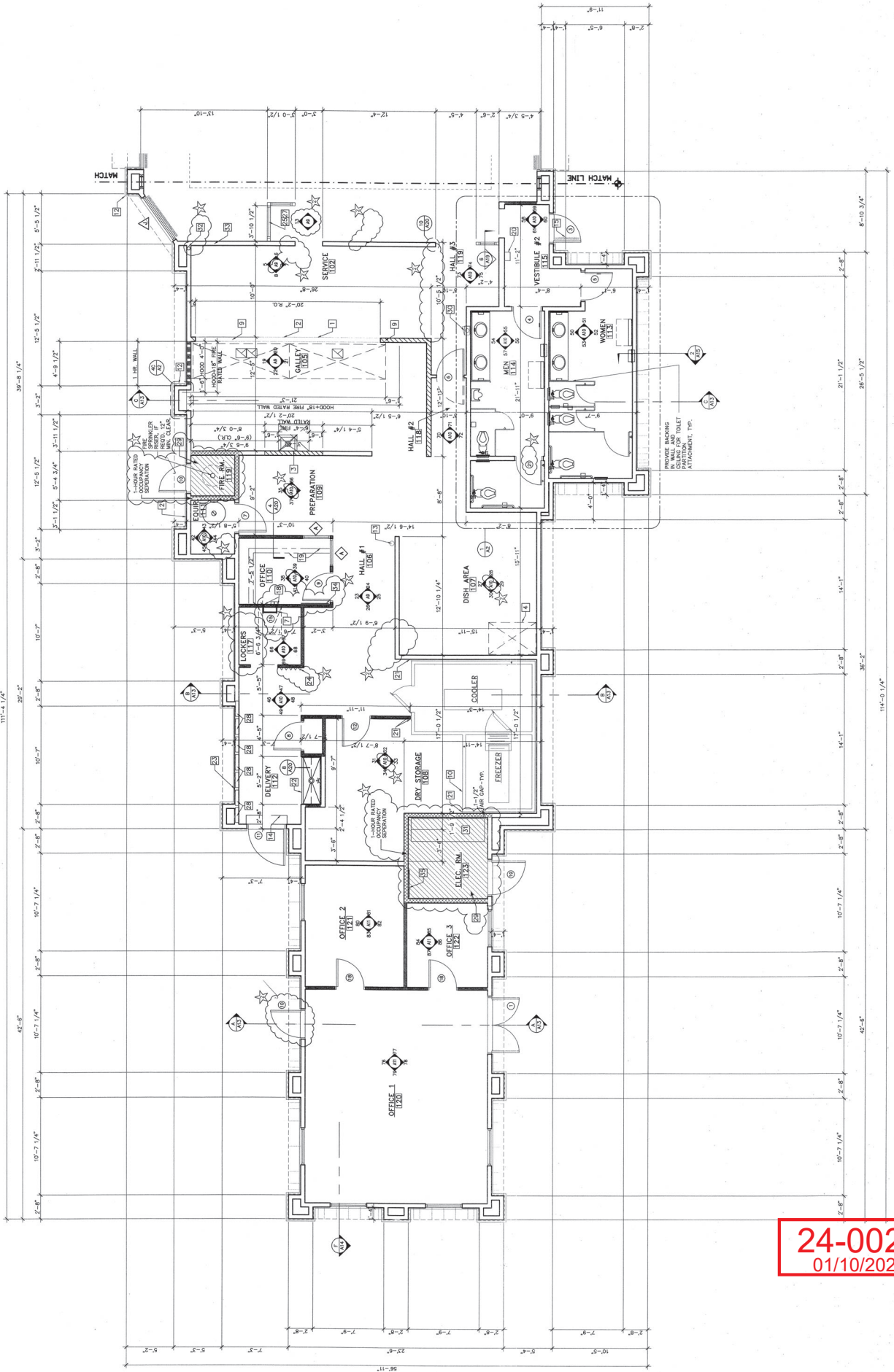
This 9th day of November, 2023

Julie A. Dolan

Notary Public in and for said County and State



SEE SHEET A-1.1 FOR NOTES AND LEGENDS



FLOOR PLAN
SCALE 1/4" = 1'-0"

24-0020
01/10/2024