



# 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) \_\_\_\_\_

**Project Address** (Location) 270 S Martin Luther King Blvd, Las Vegas, Nevada 89106

**Project Name** Indigo Pharmaceutical **Proposed Use** Light Manufacturing/Distribution

**Assessor's Parcel #(s)** \_\_\_\_\_ **Ward #** \_\_\_\_\_

**General Plan:** Existing \_\_\_\_\_ Proposed \_\_\_\_\_ **Zoning:** Existing XX T4-C Proposed XX T4-M

**Additional Information** \_\_\_\_\_

**Property Owner** ICON PAC Nevada Pool 3 Nevada, LLC **Contact** John V. Pharris  
**Address** 602 W Office Center Dr., Suite 200 **City** Ft. Washington **State** PA **Zip** 19034  
**E-mail** bpharris@linklogistics **Phone** 949-344-2210

**Applicant** Indigo Pharmaceutical, LLC **Contact** Dr. Riccardo Roscetti  
**Address** 270 S Martin Luther King Blvd **City** Las Vegas **State** NV **Zip** \_\_\_\_\_  
**E-mail** riccardoroscetti@yahoo.com **Phone** (561) 903-6259

**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** John V. Pharris

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20

Notary Public in and for said County and State

**23-0438**  
08/28/2023

**CALIFORNIA JURAT**

**GOVERNMENT CODE § 8202**

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 22<sup>nd</sup> day of August, 2023, by  
Date Month Year

(1) John V. Pharris

(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 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: \_\_\_\_\_

**23-0438**  
08/28/2023