



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

Notary Public in and for said County and State

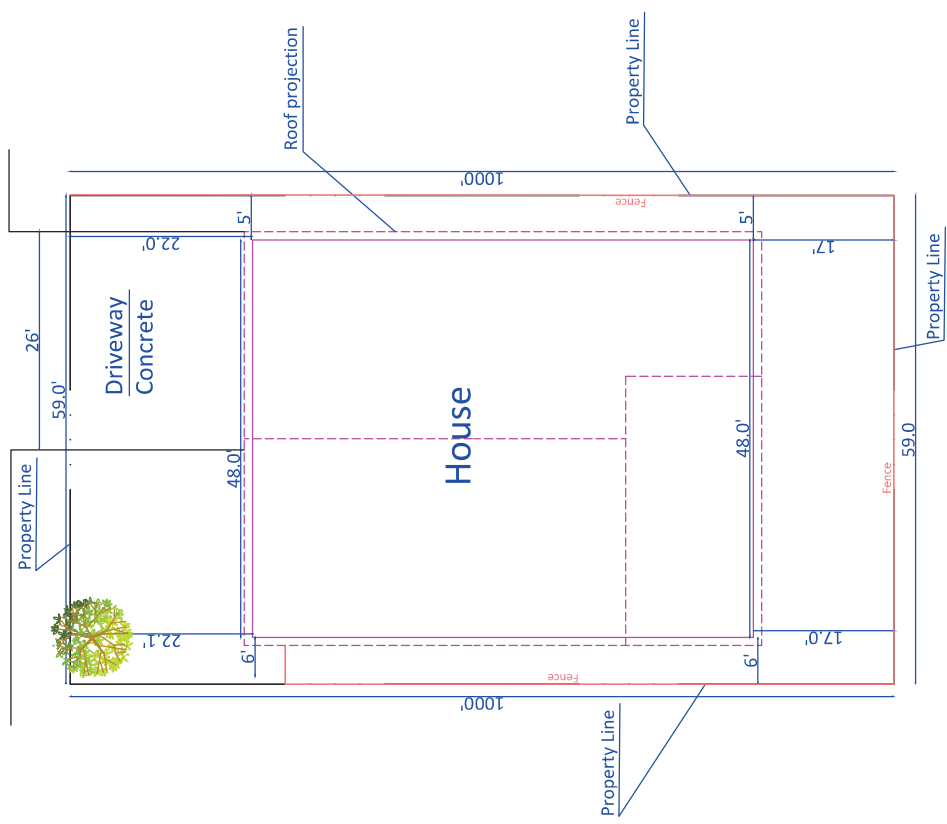
Clark/Nevada





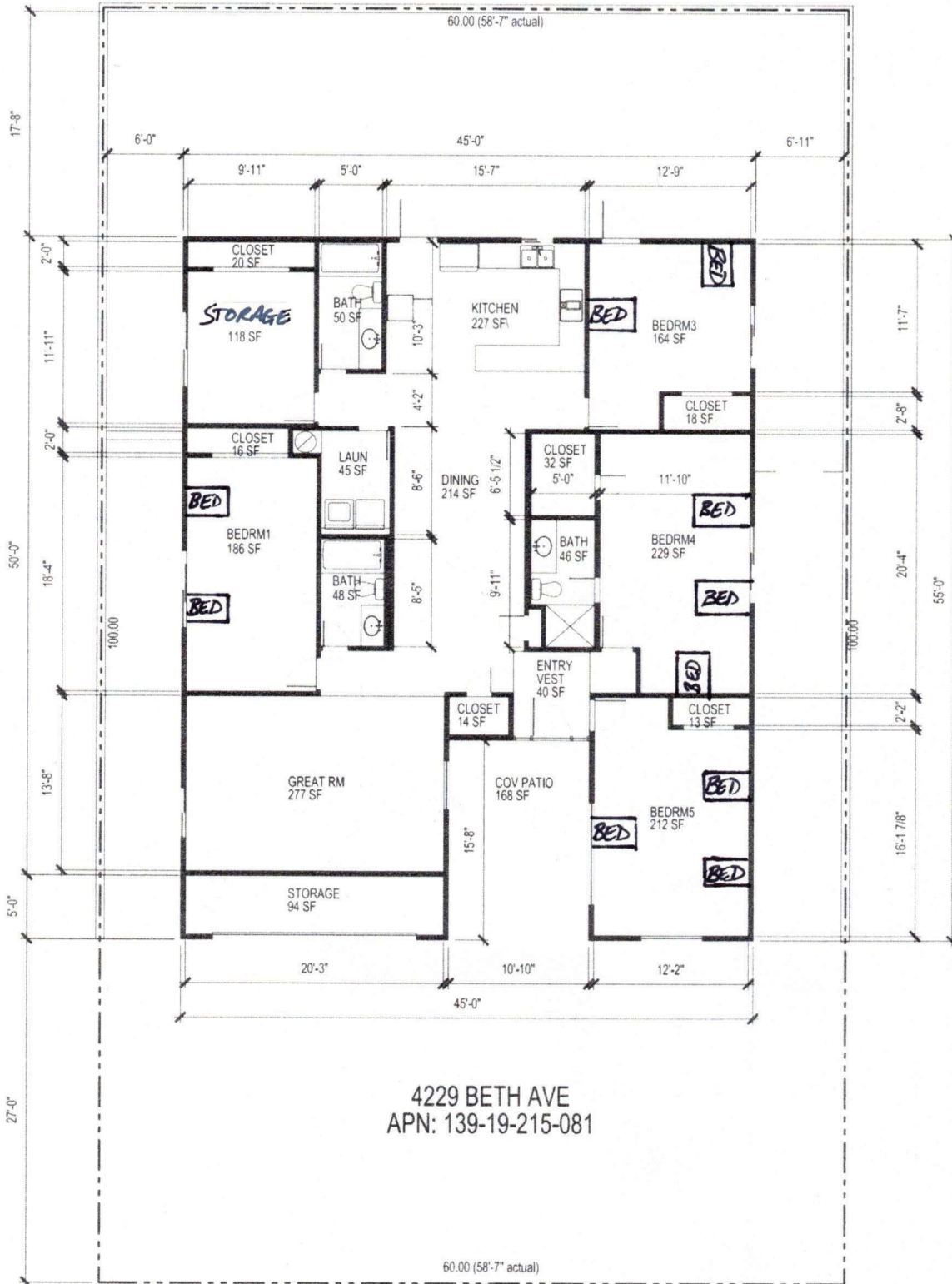
24-0313
06/17/2024

Beth Ave

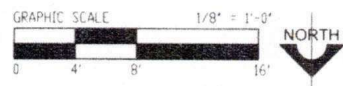


4229 Beth Ave
Las Vegas Nevada 89108
Scale: 1":15'

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



24-0313
06/17/2024

KENNETH CHOW
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KENCHOWARCH@GMAIL.COM (702) 5809391