



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) SITE DEVELOPMENT PLAN REVIEW

Project Address (Location) NORTHEAST CORNER OF SKY POINTE DR AND HORSE DRIVE

Project Name THE LV MONTESSORI - FT APACHE **Proposed Use** CHILDCARE FACILITY

Assessor's Parcel #(s) 125-08-210-002 **Ward #** 6

General Plan: Existing INCORP Proposed INCORP **Zoning:** Existing O Proposed O

Additional Information _____

Property Owner SCHNEIDER FAMILY TRUST **Contact** Jack and Elaine Schneider
Address 79575 MANDARINA **City** LA QUINTA **State** CA **Zip** 92253
E-mail karjack@hotmail.com **Phone** _____

Applicant THE LAS VEGAS MONTESSORI **Contact** ADMIN
Address 8414 FARM ROAD SUITE 180, Unit 1138 **City** LAS VEGAS **State** NV **Zip** 89131
E-mail admin@thelvmontessori.com **Phone** 704-701-7918

Representative SCA DESIGN **Contact** SHELDON COLEN
Address 2525 W. HORIZON RIDGE PKWY. STE 230 **City** HENDERSON **State** NV **Zip** 89052
E-mail SHELDON@SCADESIGN.COM / VIVIAN@SCADESIGN.COM **Phone** 702-719-2020

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 CHIEMI WEHRUNG Digitally signed by CHIEMI WEHRUNG
Date: 2023.11.14 16:45:53 -05'00'

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

Print Name Chiemi Wehrung

Notary: State of Florida, County of Duval

Subscribed and sworn before me

This 14th day of November, 2023

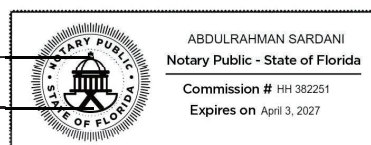
Abdulrahman Sardani

Notary Public in and for said County and State Abdulrahman Sardani

ID produced: DRIVER LICENSE

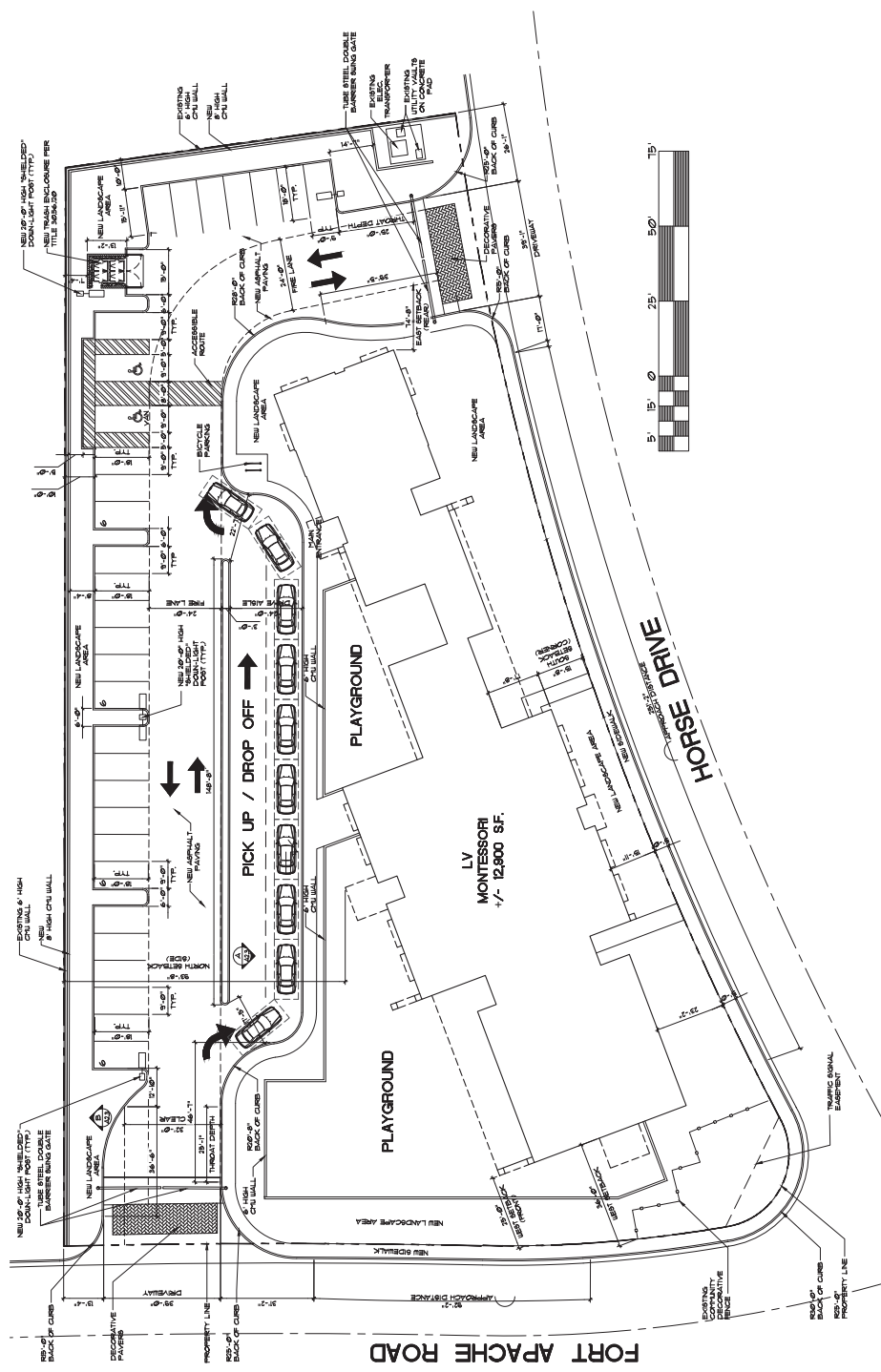
Notarized online using audio-video communication

23-0590
11/14/2023

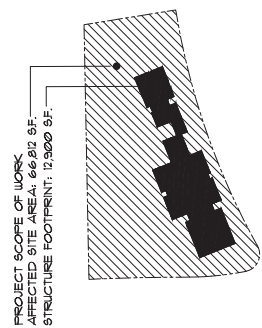


SITE PLAN

23-0590
12/12/2023



KEY PLAN



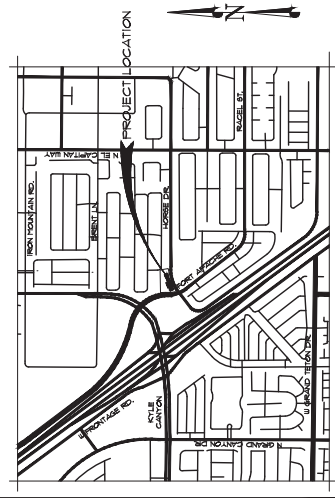
SITE INFORMATION

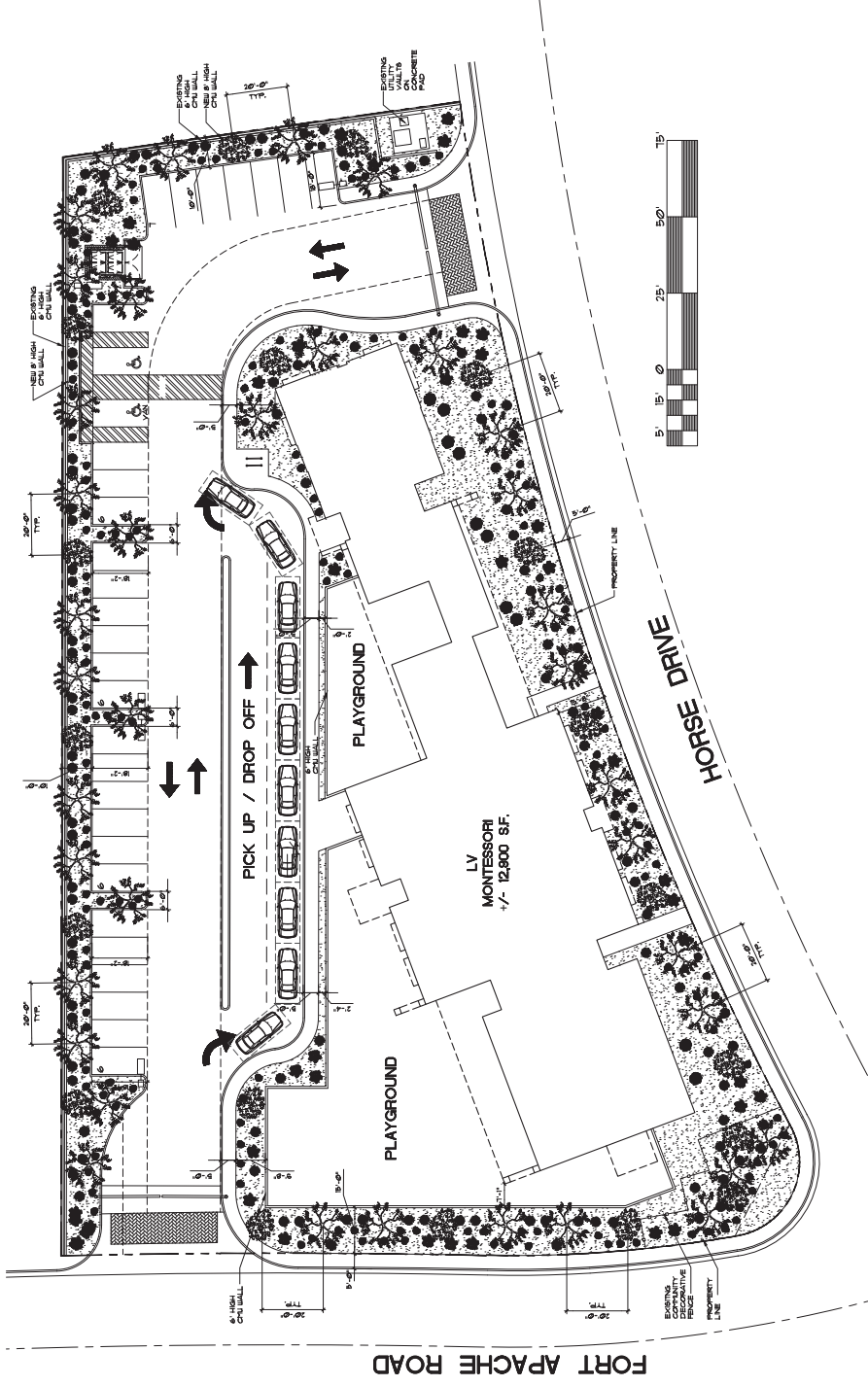
APN: 125-08-210-002
ZONING: OFFICE (O)
SITE AREA: 184 ACRES
BUILDING FOOTPRINT: 12,800 SQ. FT.
% OF SITE COVERED BY BUILDING: 12,800 SQ. FT. / 6.68/2 SQ. FT. = 20.5 + 10%
REQUIRED RETAILAGE PER TITLE 18 (TABLE 1.1)
EAST (NEAR) 3'-0" NORTH (EAST) 12'-0"
PROVIDED RETAILAGE 3'-0" NORTH (EAST) 12'-0"
EAST (NEAR) 3'-0" NORTH (EAST) 12'-0"

PARKING CALCULATIONS

REQUIRED PARKING PER TITLE 18 (TABLE 1.1)
LV MONTESSORI (INDIVIDUAL CARE CENTERS)
1 SPACE PER STAFF MEMBER + 8 SPACES
1 SPACE FOR EACH 10 INDIVIDUALS CARED FOR + 10 / 10
TOTAL REQUIRED PARKING: 8 + 10 + 10 = 28 SPACES
REQUIRED ACCESSIBLE PARKING: 2 SPACES PER 25 TO 100 TOTAL PARKING SPACES PROVIDED
PROVIDED ON-SITE PARKING: 28 SPACES
ACCESSIBLE SPACES: 2 SPACES (1 CAR, 1 VAN)
TOTAL SPACES: 30 SPACES
REQUIRED BIKE PARKING PER TITLE 18 (TABLE 1.1)
PRINTOUT NUMBER OF BIKE SPACES: 4 BIKE SPACES
PROVIDED BIKE SPACES: 4 BIKE SPACES
NO LOADING SPACE REQUIRED

VICINITY MAP

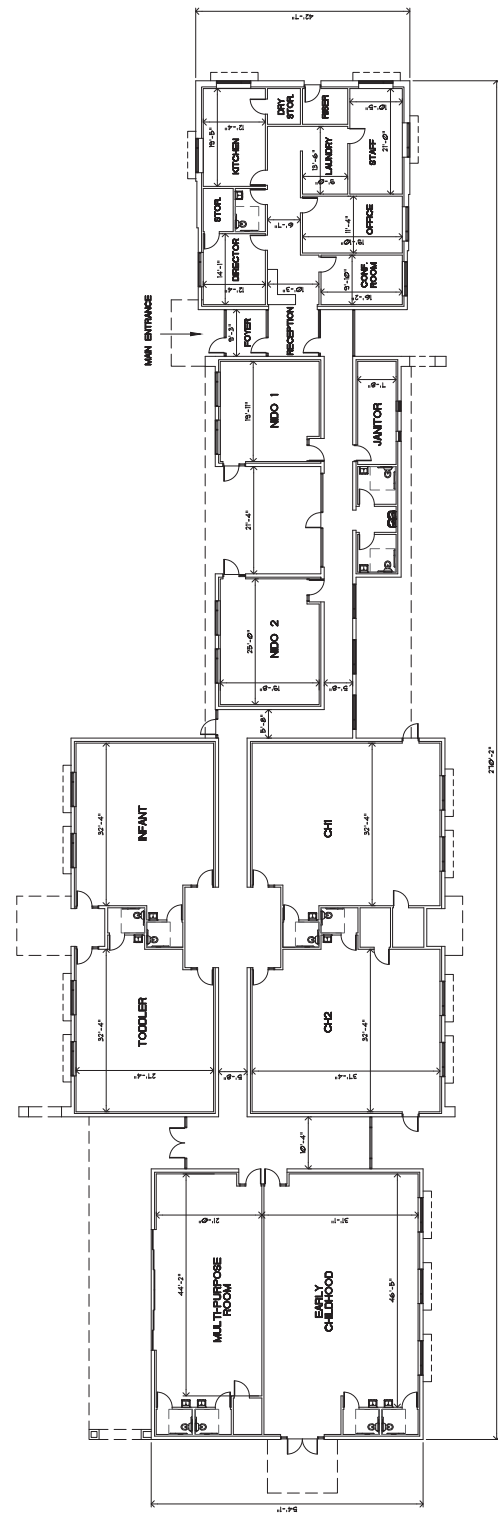




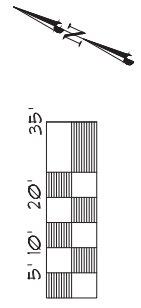
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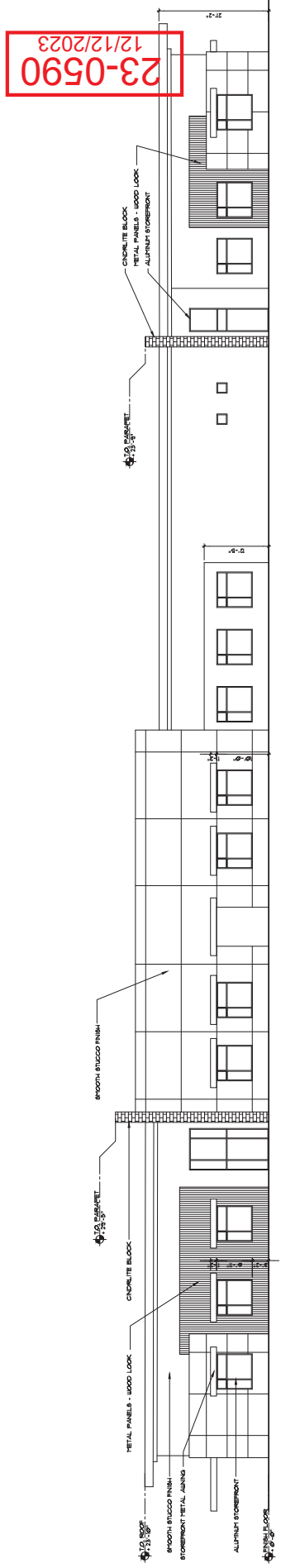
SCALE: 1"=10'-0"
 12.08.2023
 23322

FLOOR PLAN

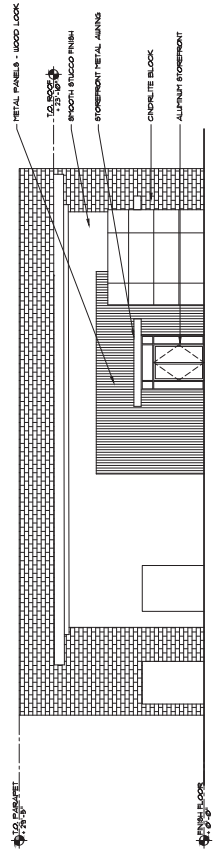


FLOOR PLAN 12,800 SF.

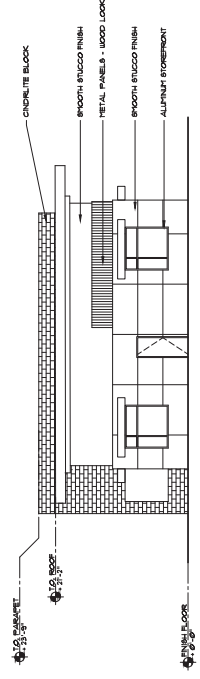




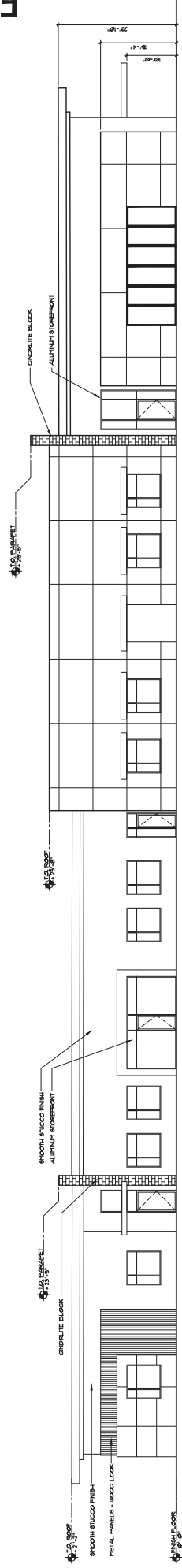
SOUTH ELEVATION



WEST ELEVATION



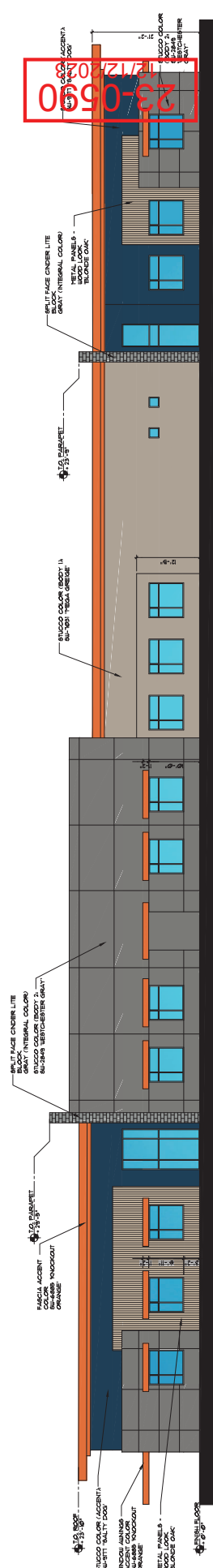
EAST ELEVATION



NORTH ELEVATION

COLOR ELEVATIONS

23-0590
12/12/2023

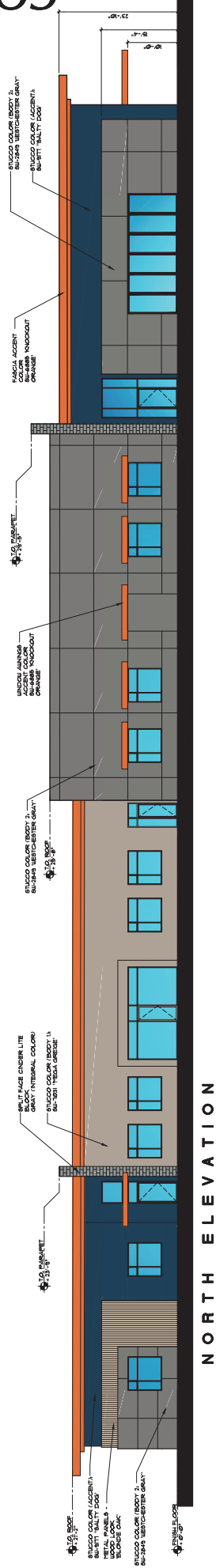


SOUTH ELEVATION



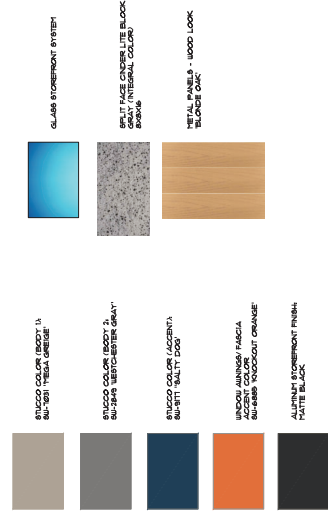
WEST ELEVATION

EAST ELEVATION



NORTH ELEVATION

COLOR LEGEND



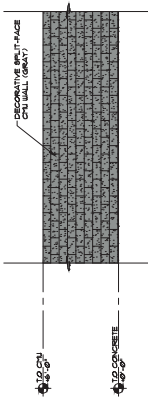
PERIMETER WALLS / TRASH ENCLOSURE

SCALE: 1/4"=1'-0"
12.08.2023
23322

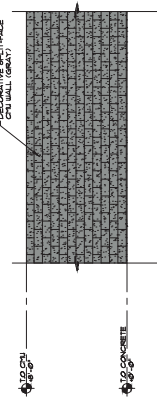
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12/12/2023

KEYNOTES

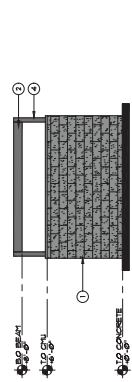
- ① PERIMETER WALL - 10' TALL CHU WALL TO MATCH ADJ.
- ② STEEL ROOF COVER
- ③ METAL GATE
- ④ STEEL POST



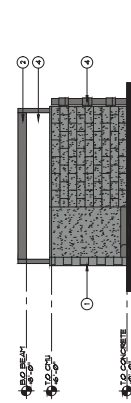
PLAYGROUND WALL - PARTIAL ELEVATION - A SCALE: 1/4"=1'-0"



PERIMETER WALL - PARTIAL ELEVATION - B SCALE: 1/4"=1'-0"



TRASH ENCLOSURE - NORTH ELEVATION SCALE: 1/4"=1'-0"



TRASH ENCLOSURE - WEST ELEVATION SCALE: 1/4"=1'-0"



TRASH ENCLOSURE - SOUTH ELEVATION SCALE: 1/4"=1'-0"



TRASH ENCLOSURE - EAST ELEVATION SCALE: 1/4"=1'-0"