



# DEPARTMENT OF PLANNING

## Application / Petition Form & Statement of Financial Interest

### Department Use

Case #	
Meeting Date	
Total Fee	
Received By/Date	

24-0241  
06/11/2024

Case Type (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc) Special Use Permit

Project Address (Location) 5643 Centennial Center Boulevard, Suite 130

Project Name Gateway Pet Hospital

Proposed Use Veterinary

Assessor's Parcel #(s) 12527411013

Ward # 4

General Plan: Existing \_\_\_\_\_ Proposed \_\_\_\_\_ Zoning: Existing TC Proposed \_\_\_\_\_

Additional Information This is a general practice veterinary clinic with no outside pens.

Property Owner KRG Las Vegas Centennial Gateway LLC

Contact Jim Ward

Address 30 S Meridian St, Suite 1100

City Indianapolis State IN Zip 46204

E-mail jward@kiterealty.com

Phone 317-713-5666

Applicant Gateway Pet Hospital

Contact Dr. Brandon Dever

Address 802 Montgomery St. Ste 220

City San Francisco State CA Zip 94133

E-mail brandond.dever@gmail.com

Phone \_\_\_\_\_

Representative Curo Pet Care

Contact Wendy Zhang

Address 802 Montgomery St. Ste 220

City San Francisco State CA Zip 94133

E-mail wendy@curopet.com

Phone 734-548-2247

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 \_\_\_\_\_

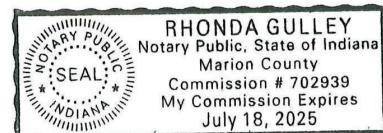
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

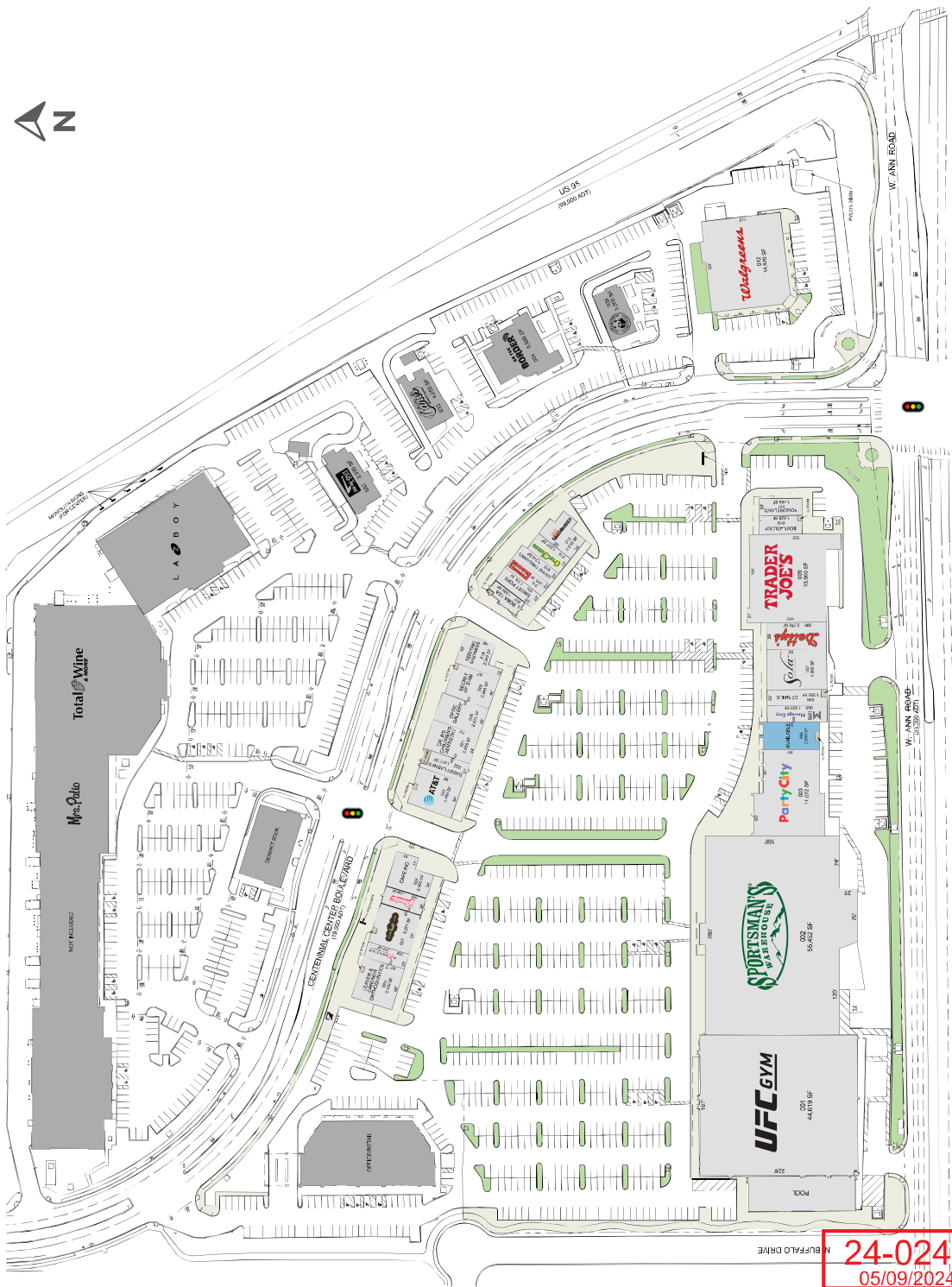
Print Name Mark S. Jenkins

Subscribed and sworn before me

This 2nd day of May, 2024

Rhonda Gulley Marion County, INDIANA  
Notary Public in and for said County and State





24-0241  
05/09/2024



CURO Pet Care

6050 Chevalier Lane, Suite 100  
Las Vegas, NV  
89119

Drawn: [Blank]  
Checked: [Blank]  
Date: [Blank]

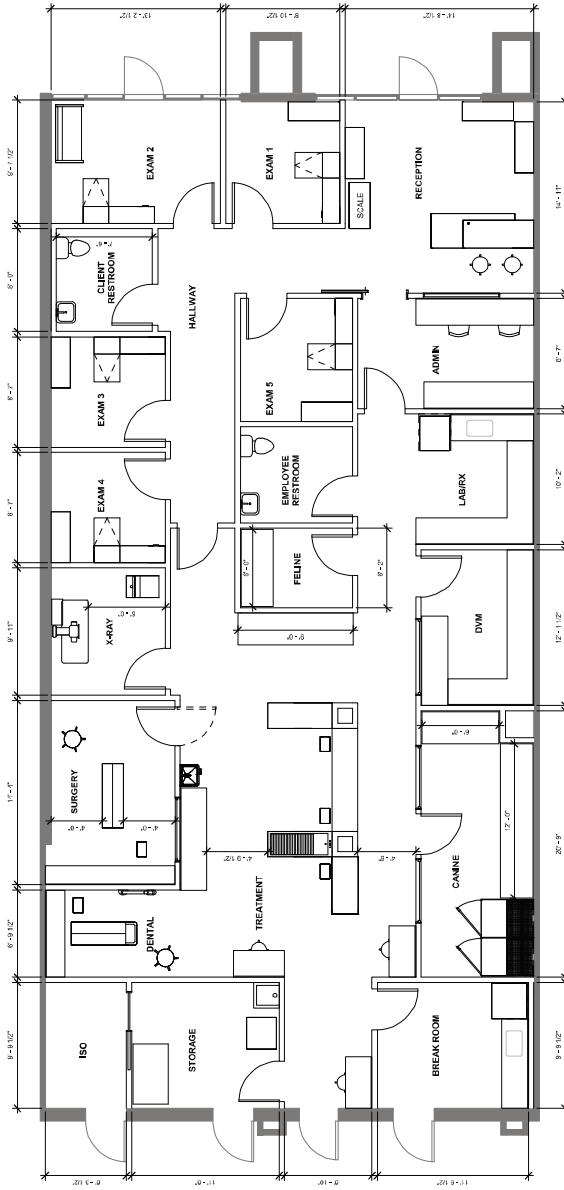
Project Name:  
NW VEGAS CENTENNIAL  
Dr. Andrew  
DR. DEVER  
Description:  
PROPOSED FLOOR PLAN

24-0241  
05/09/2024  
1/4" = 1'-0"

A1

ROOM NAME	AREA
ADMIN	118 SF
BREAK ROOM	115 SF
CLINICAL	115 SF
CLINICAL RESTROOM	80 SF
DENTAL	70 SF
DENTAL	107 SF
EMPLOYEE RESTROOM	86 SF
EXAM 1	128 SF
EXAM 2	77 SF
EXAM 3	77 SF
EXAM 4	77 SF
EXAM 5	77 SF
FELINE	54 SF
HALLWAY	170 SF
ISO	162 SF
LABORATORY	115 SF
RECEPTION	113 SF
RECEPTION	113 SF
STORAGE	140 SF
TREATMENT	89 SF
TOTAL	2187 SF

RENTABLE AREA	AREA
RENTABLE	3110 SF



① Conceptual Floor Plan  
1/4" = 1'-0"