



# 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 [Signature]

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

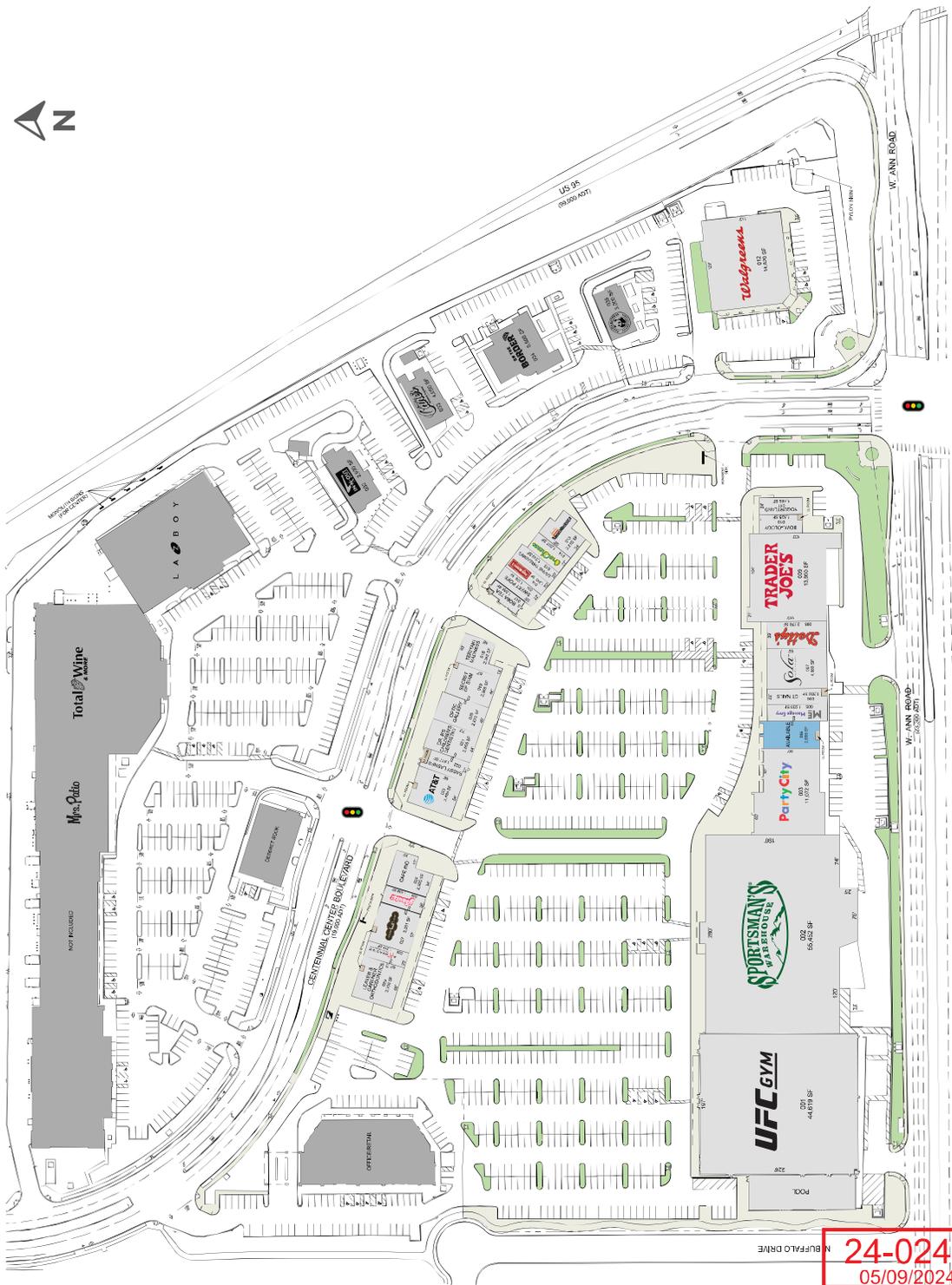
Print Name Mark S. Jenkins

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**  
 645 S. Rainbow Blvd., Suite 100  
 Las Vegas, NV 89109  
 702.735.1111

ROOM NAME	AREA
ADMIN	118 SF
BREAK ROOM	115 SF
CLINICAL	157 SF
CLIENT RESTROOM	80 SF
DENTAL	70 SF
DVM	107 SF
EMPLOYEE RESTROOM	86 SF
EXAM 1	113 SF
EXAM 2	128 SF
EXAM 3	77 SF
EXAM 4	77 SF
EXAM 5	77 SF
FELINE	54 SF
HALLWAY	170 SF
ISO	162 SF
LABORATORY	113 SF
LABORATORY STORAGE	203 SF
LABORATORY STORAGE	113 SF
LABORATORY STORAGE	140 SF
TREATMENT	89 SF
TOTAL	2187 SF

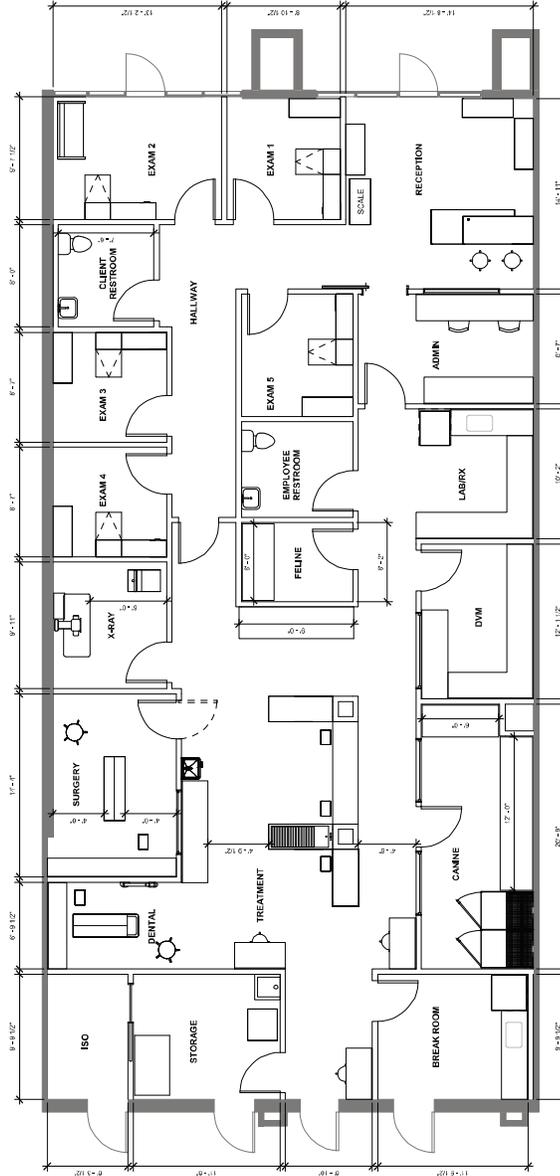
RENTABLE AREA	AREA
RENTABLE	3110 SF

Scale Description

Project Name  
**NW VEGAS CENTENNIAL**  
 Dr. Arner  
**DR. DEVER**  
 Designer  
**PROPOSED FLOOR PLAN**

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

**A1**



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