



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) VARIANCE

Project Address (Location) 8301 SEDONA FLATS STREET

Project Name GONZALEZ **Proposed Use** UTILITY STORAGE

Assessor's Parcel #(s) 125-12-311-007 **Ward #** _____

General Plan: Existing _____ Proposed _____ **Zoning:** Existing _____ Proposed _____

Additional Information _____

Property Owner MARTIN & ALEX GONZALEZ TRUST **Contact** SAME

Address 8301 SEDONA FLATS STREET **City** LAS VEGAS **State** NV **Zip** 89131

E-mail MRTNGNZLZ@YAHOO.COM **Phone** 702-523-9518

Applicant TUFF SHED **Contact** TODD HARGROVE

Address 7055 WINDY ST **City** LAS VEGAS **State** NV **Zip** 89119

E-mail THARGROVE@TUFFSHED.COM **Phone** 702-381-7116

Representative TODD HARGROVE **Contact** SAME

Address 7055 WINDY ST **City** LAS VEGAS **State** NV **Zip** 89119

E-mail THARGROVE@TUFFSHED.COM **Phone** 702-381-7116

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 Alexandra Gonzalez

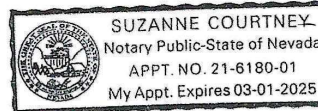
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

Print Name Alexandra Gonzalez

Subscribed and sworn before me

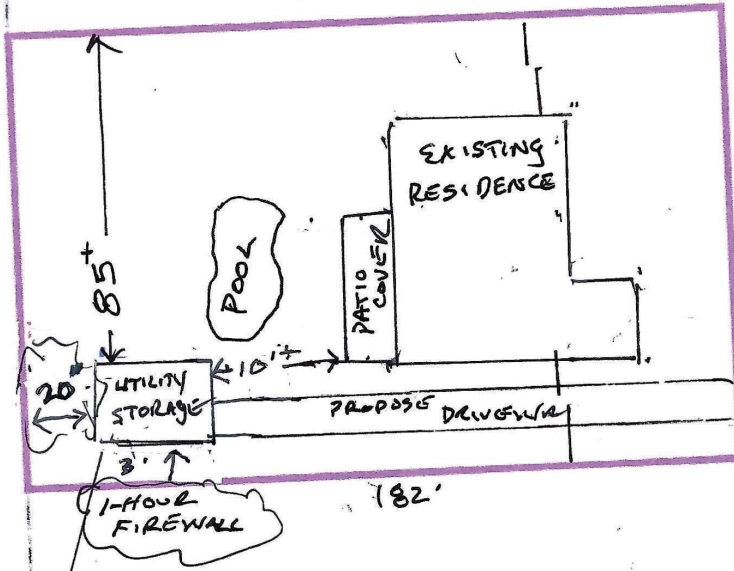
This 10th day of July, 2024

Notary Public in and for said County and State



24-0357
07/18/2024

PLOT PLAN



N Jones Blvd

SEDONA FLATS ST

GONZALEZ
8301 SEDONA FLATS ST.

APN 125-12-311-007

DETACHED

20X29 ACCESSORY
BUILDING

- X NO M.P.E.'S BY TUFF SPEED
- X PAINTED TEXTURED SIDING
TO MATCH EXISTING
RESIDENCE

**** NO KITCHEN FACILITIES**

TUFF SPEED
[Signature]
CONT LIC 0035208
LIMIT \$1,000,000

24-0357
07/18/2024

