

DEPARTMENT OF COMMUNITY DEVELOPMENT

Application/Petition Form & Statement of Financial Interest



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

Project Address (Location) 841 SOUTH RAINBOW BOULEVARD

Project Name HOME DEPOT RAINBOW ROAD - LOAD N.G.O. **Proposed Use** COMMERCIAL

Assessor's Parcel #(s) 136-347-17015 **Ward #** _____

General Plan: Existing SERV COMM Proposed SERV COMM **Zoning:** Existing C-1 Proposed C-1

Additional Information _____

Property Owner QLV-HDR-LLC **Contact** FAITH LEE
Address 950 SOUTH GRAND AVE, 2ND FLOOR, **City** LOS ANGELES **State** CA **Zip** 90015
E-mail flee@queenscare.org **Phone** (323) 669-4345

Applicant HOME DEPOT U.S.A., INC., **Contact** JESSICA BORGERT
Address 2455 Paces Ferry ROAD **City** ATLANTA **State** GA **Zip** 30339
E-mail JESSICA_BORGERT@homedepot.com **Phone** _____

Representative LARS ANDERSEN & ASSOCIATES **Contact** Cassandra Permenter
Address 28827 NORTH 91ST AVENUE **City** PEORIA **State** AZ **Zip** 85383
E-mail CPermenter@larsandersen.com **Phone** 623-250-3810 XT 103

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 Barbara B. Aines

Subscribed and sworn before me

This 11th day of SEPTEMBER, 2024

[Signature]
Notary Public in and for said County and State



