



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) Rezoning, Variance, and TM

Project Address (Location) Alexander Road and El Capitan Way

Project Name ALEXANDER & EL CAPITAN Proposed Use Residential

Assessor's Parcel #(s) 138-05-801-023 and 138-05-801-024 Ward # 4

General Plan: Existing L Proposed L Zoning: Existing R-E Proposed R-1

Additional Information The applicant is submitting a Rezone, Variance and Tentative Map in support of single family homes.

Property Owner Clark County Vacant Series of the Cab Properties, LLC Contact KAUSAR CHOWDHURY

Address 4160 S. Pecos Road, Ste10 City Las Vegas State NV Zip 89121

E-mail CAB PROPERTIES NV@gmail.com Phone 702-528-8341

Applicant Stone Land Holdings, LLC Contact Rick Barron

Address 801 S. Rancho Drive Suite E-4 City Las Vegas State NV Zip 89106

E-mail LandFP@signaturehomes.com Phone (702) 498-8471

Representative Actus Contact Darryl Lattimore

Address 3283 E. Warm Springs Road, Suite 300 City Las Vegas State NV Zip 89120

E-mail darryl.lattimore@actus-nv.com Phone (702) 586-9296

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

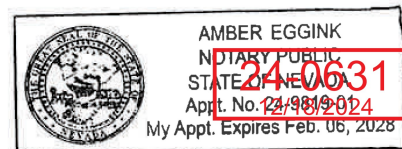
Print Name KAUSAR A CHOWDHURY

Subscribed and sworn before me

This 17th day of December, 2024

Amber Eggink

Notary Public in and for said County and State



Amber Eggink



