



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) Special Use Permit

Project Address (Location) 2251 S. Rainbow Blvd., Las Vegas, NV.

Project Name _____ Proposed Use Massage establishment

Assessor's Parcel #(s) 163-03-804-009 Ward # _____

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

Additional Information _____

Property Owner O' Bannon Development LLC Contact Sam Shakib

Address 16461 Sherman Way #140 City Van Nuys State CA Zip 91406

E-mail sam@canyon-center.com Phone (818) 385-1777

Applicant _____ Contact _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____

Representative DAY SPA Contact James Moore

Address 2251 S. Rainbow Blvd City Las Vegas State NV Zip 89146

E-mail jmoore053@gmail.com Phone 702-339-9817

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 SAM Shakib

Subscribed and sworn before me
This 19th day of August, 2024
[Signature]

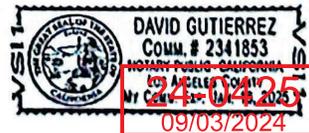
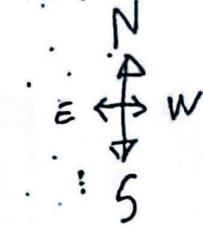
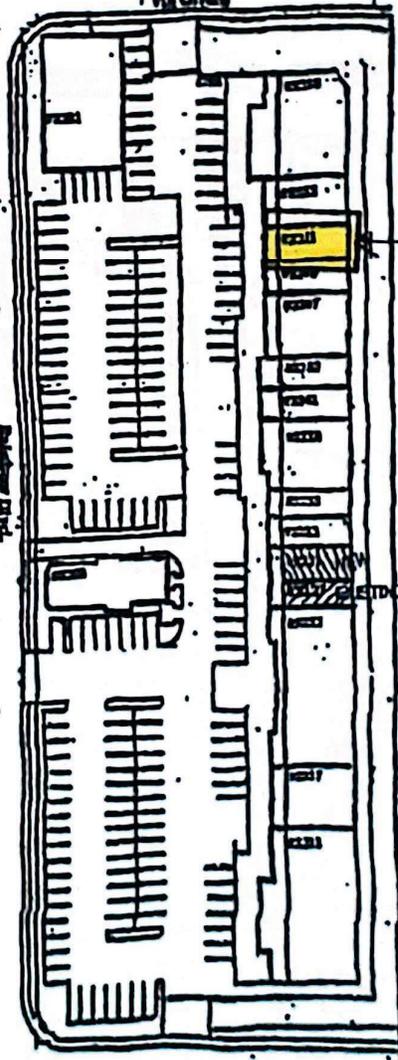


EXHIBIT A
GENERAL SITE PLAN

PARKING
SPACES
186

8 HANDICAP
SPACES



19251

43,537
SQ FT CENTER

CS 24-0425
CamScanner
09/03/2024

