



# 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 permit

Project Address (Location) 5900 W, Charleston Blvd 89146 unit 3

Project Name Tres Tattoo LLC Proposed Use Tattoo Parlor

Assessor's Parcel #(s) 138-36-406-006 Ward # 1-Brian Knudsen

General Plan: Existing C1 Proposed \_\_\_\_\_ Zoning: Existing C1 Proposed \_\_\_\_\_

Additional Information \_\_\_\_\_

Property Owner Kanner Real Estate LLC Contact Skyline Real Estate Service  
 Address 10620 Southern Highlands Pkwy ste. 110-378 City Las Vegas State NV Zip 89141  
 E-mail tim@skyline-res.com Phone 702-378-8620

Applicant Andrey Andrade Contact Andrey Andrade  
 Address 2311 Mediterranean Sea Ave. City N.Las Vegas State N.V Zip 89031  
 E-mail Trestattoo.co@gmail.com Phone (702)238-5782

Representative \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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.

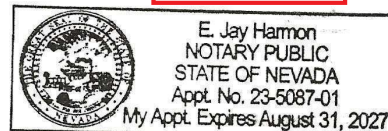
Property Owner Signature [Signature]  
 An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

Print Name Timothy Erickson  
State of Nevada County of Clark  
 Subscribed and sworn before me

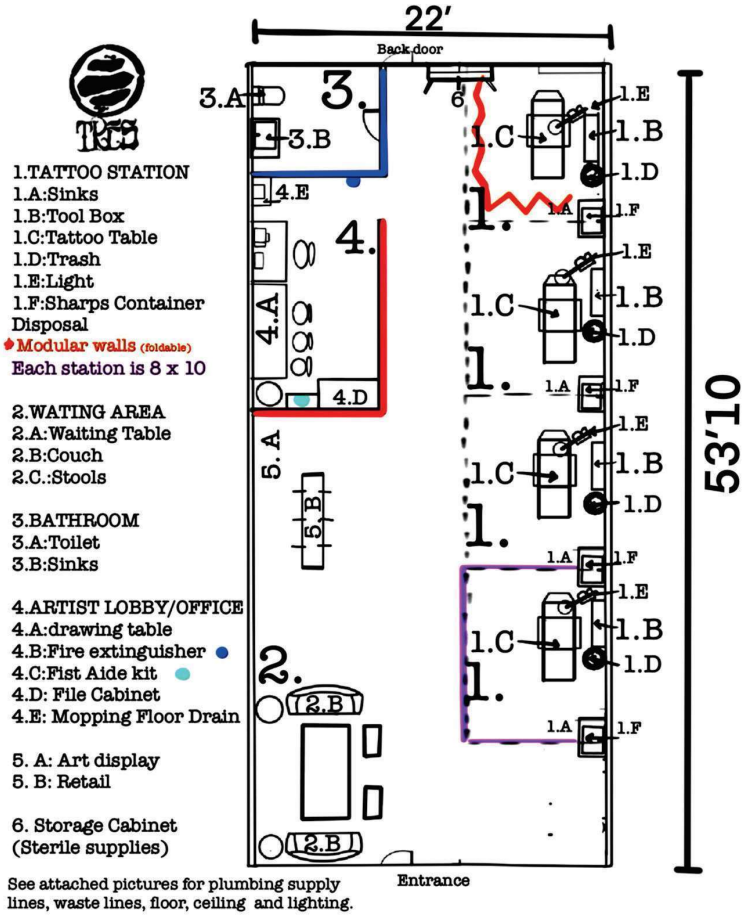
This 19th day of April, 2024  
 By: Timothy Erickson

Notary Public in and for said County and State

**24-0217**  
 04/25/2024

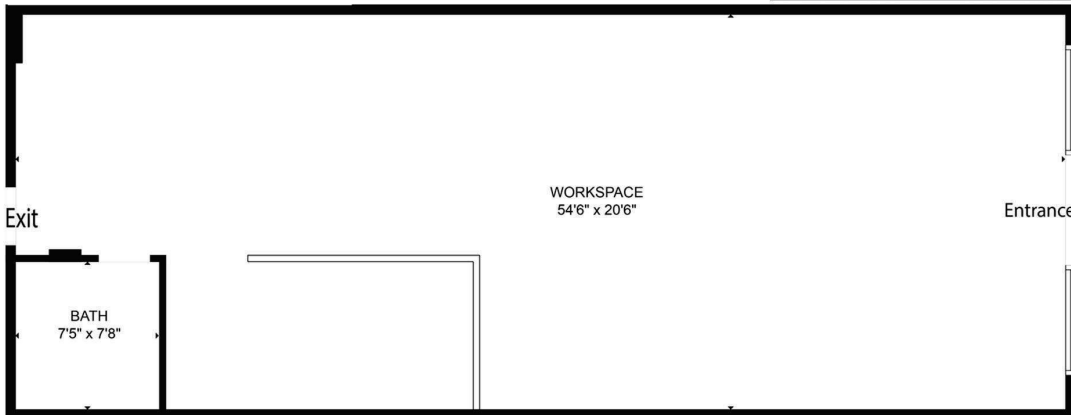
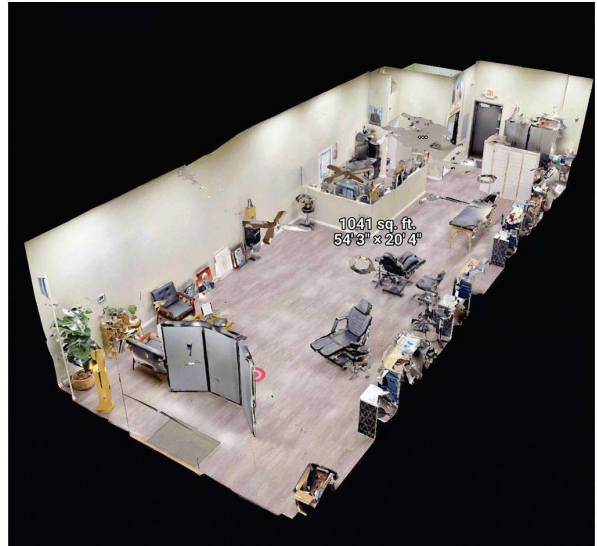


Overall 1,155 SF  
Wall elevation: 11.9'



Pony wall :7'8 by 11'10 35" tall  
Bathroom: 7' by 6'10

Max Occupancy:30  
Seating Capacity:15



24-0217  
04/25/2024