



DEPARTMENT OF PLANNING

Application / Petition Form & Statement of Financial Interest

Case #
Meeting Date
Total Fee
Received By/Date

Case Type (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc.)

Project Address (Location) 1204 Palm Terrace

Project Name Palm Ter VARIANCE Proposed Use Laundry Room

Assessor's Parcel #(s) _____ Ward # _____

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

Additional Information _____

Property Owner Cheryl Bates

Contact 702 328 6566

Address 1205 Palm Terrace

City Las Vegas State NV Zip 89106

E-mail hmsbovrile@gmail.com

Phone _____

Applicant Cheryl Bates

Contact 702 328 6566

Address 1205 Palm Terrace

City LV State NV Zip 89106

E-mail _____

Phone _____

Representative As Above

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(s) 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 one proposed.

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

Cheryl Bates

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

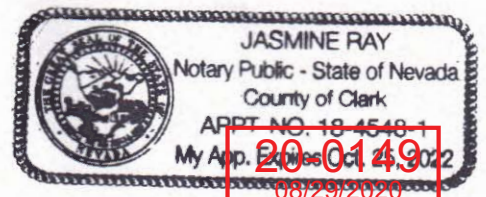
Print Name Cheryl Bates

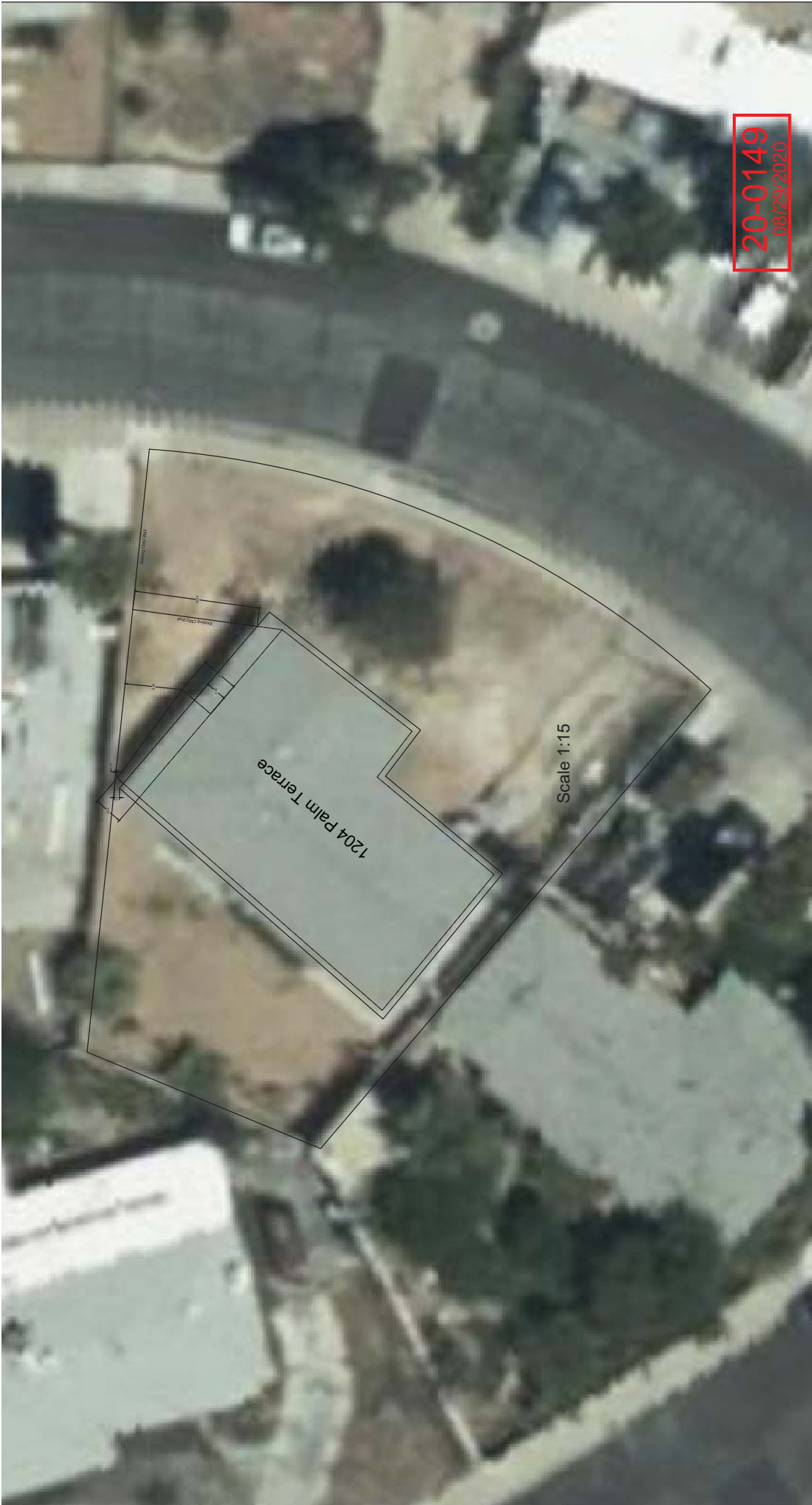
Subscribed and sworn before me

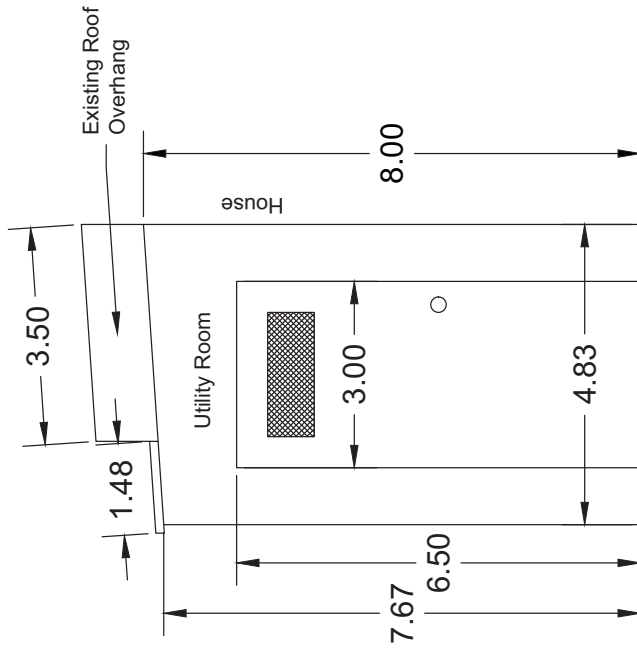
This 29 day of August, 2020

Notary Public in and for said County and State

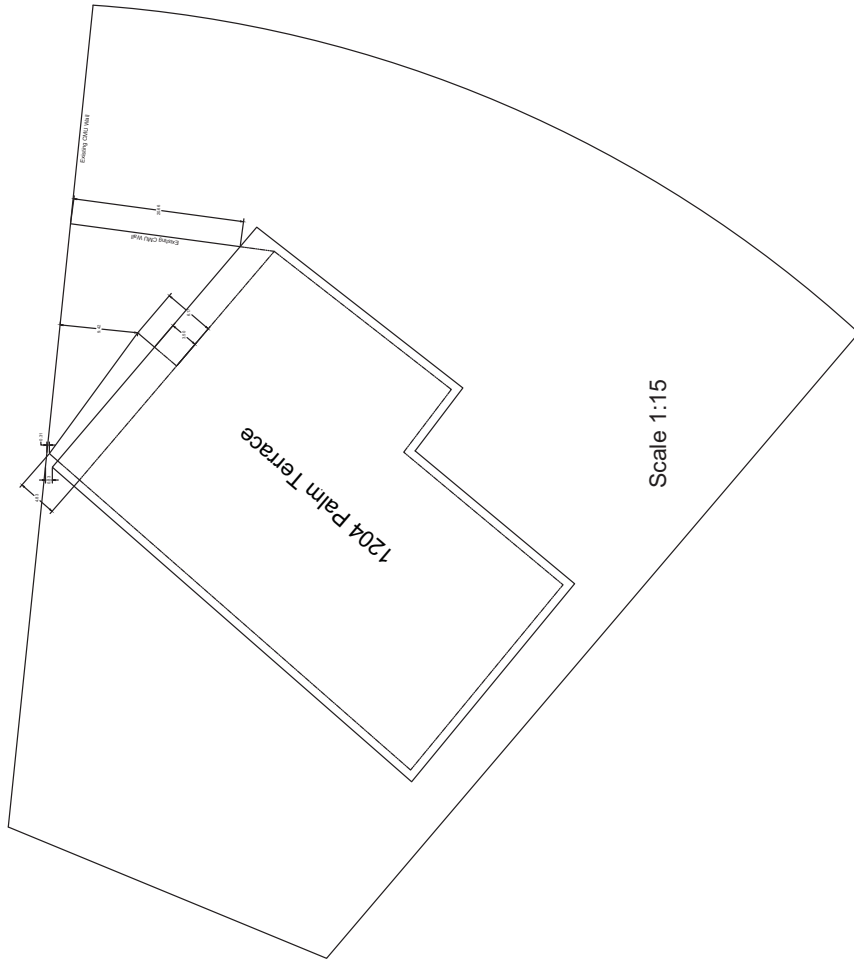
Jasmine Ray



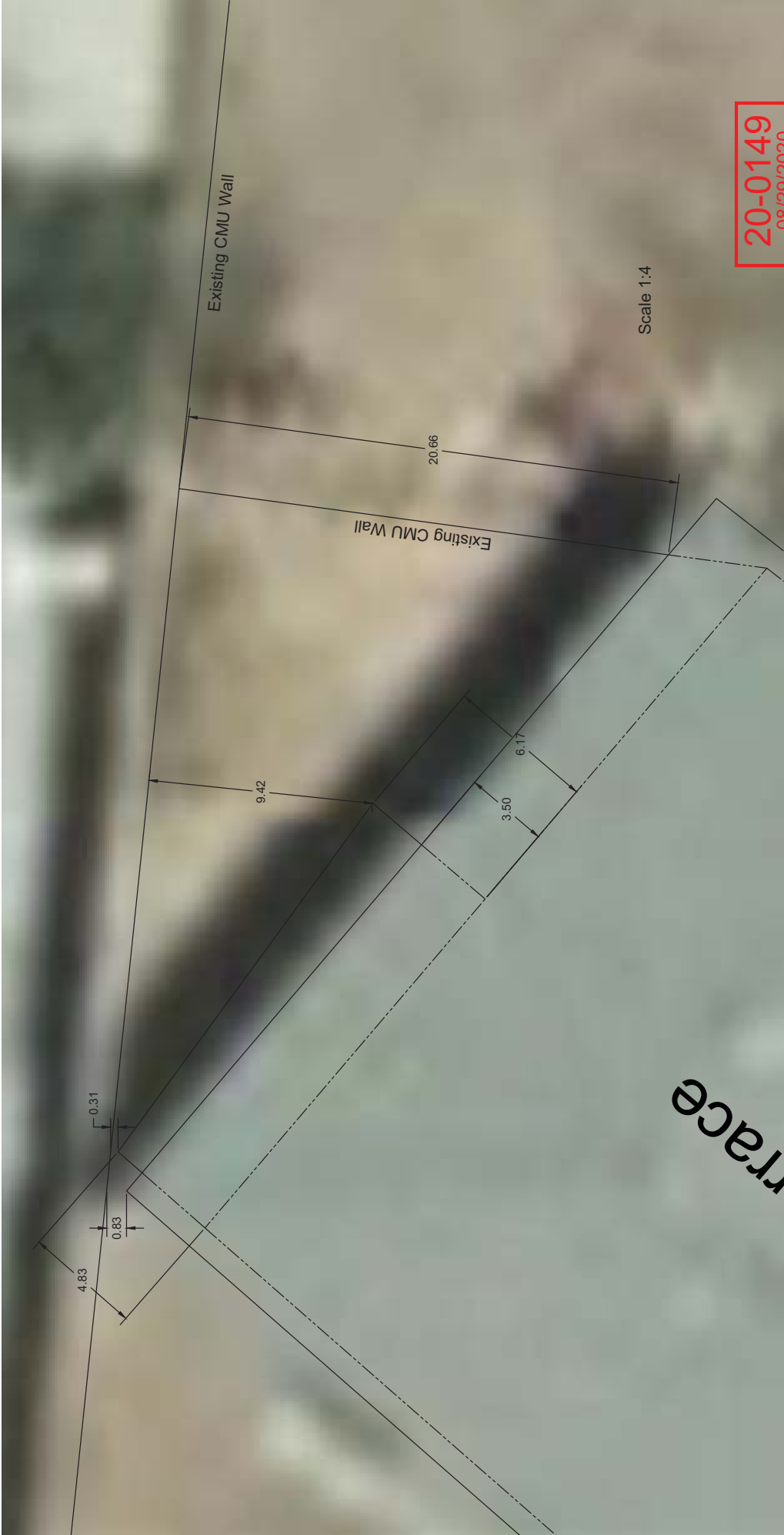




North Elevation Scale 1:2



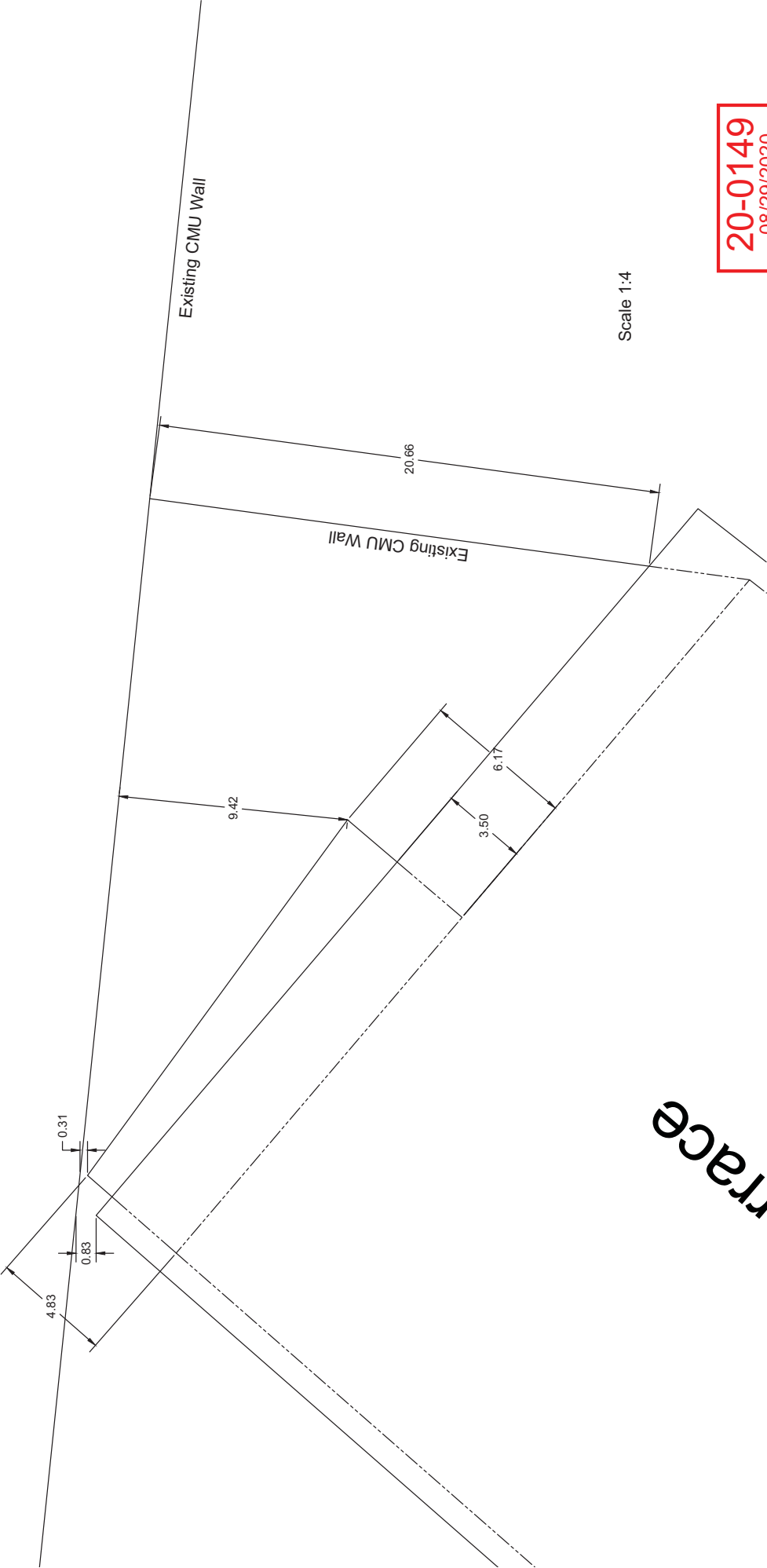
20-0149
08/29/2020

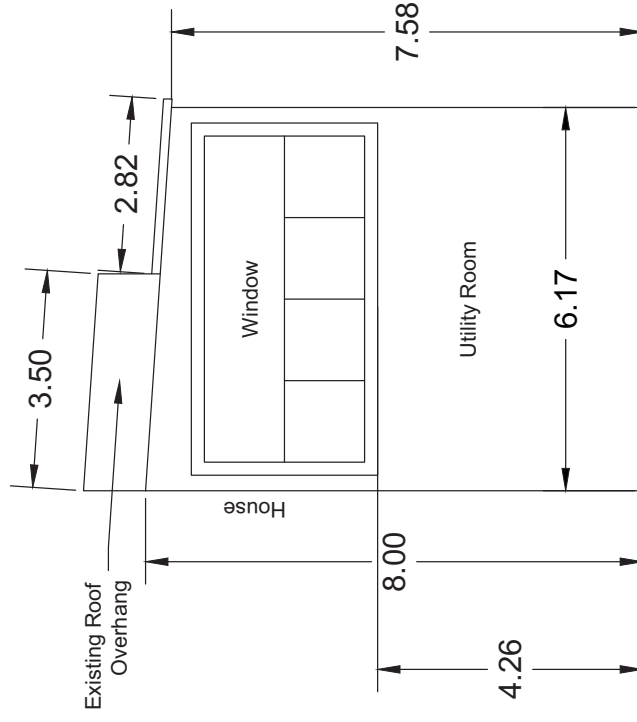


20-0149
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08/29/2020

Scale 1:4





South Elevation Scale 1:2





20-0149
08/29/2020



20-0149
08/29/2020



20-0149
08/29/2020

