



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) 6600 W Charleston Blvd #101 Las Vegas, NV 89146

Project Name A Zen Health & Wellness Center LLC **Proposed Use** Massage Therapy

Assessor's Parcel #(s) 13835401 003 **Ward #** 1

General Plan: Existing X Proposed _____ **Zoning:** Existing X Proposed _____

Additional Information Pre-application for licensing to use this location for Massage therapy, Requesting SUP
For a massage Establishment

Property Owner West Charleston LLC

Contact Sophie Ideker

Address 6600 West Charlestone blvd #118

City Las Vegas **State** NV **Zip** 89146

E-mail sophieideker@hotmail.com

Phone 702-630-9535

Applicant Jennifer M. Durham

Contact Jennifer Durham

Address 6600 W Charleston Blvd #101

City Las Vegas **State** NV **Zip** 89146

E-mail Jennifer.Durham09@gmail.com

Phone 725-220-7557

Representative Ken Ideker, Attorney

Contact Ken Ideker

Address 6600 W Charleston Blvd #132

City Las Vegas **State** NV **Zip** 89146

E-mail Kenideker@gmail.com

Phone 702-439-2015

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 Sophie Ideker, owner

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

Print Name Sophie Ideker, owner

Jennifer M. Durham, Lessee

Subscribed and sworn before me

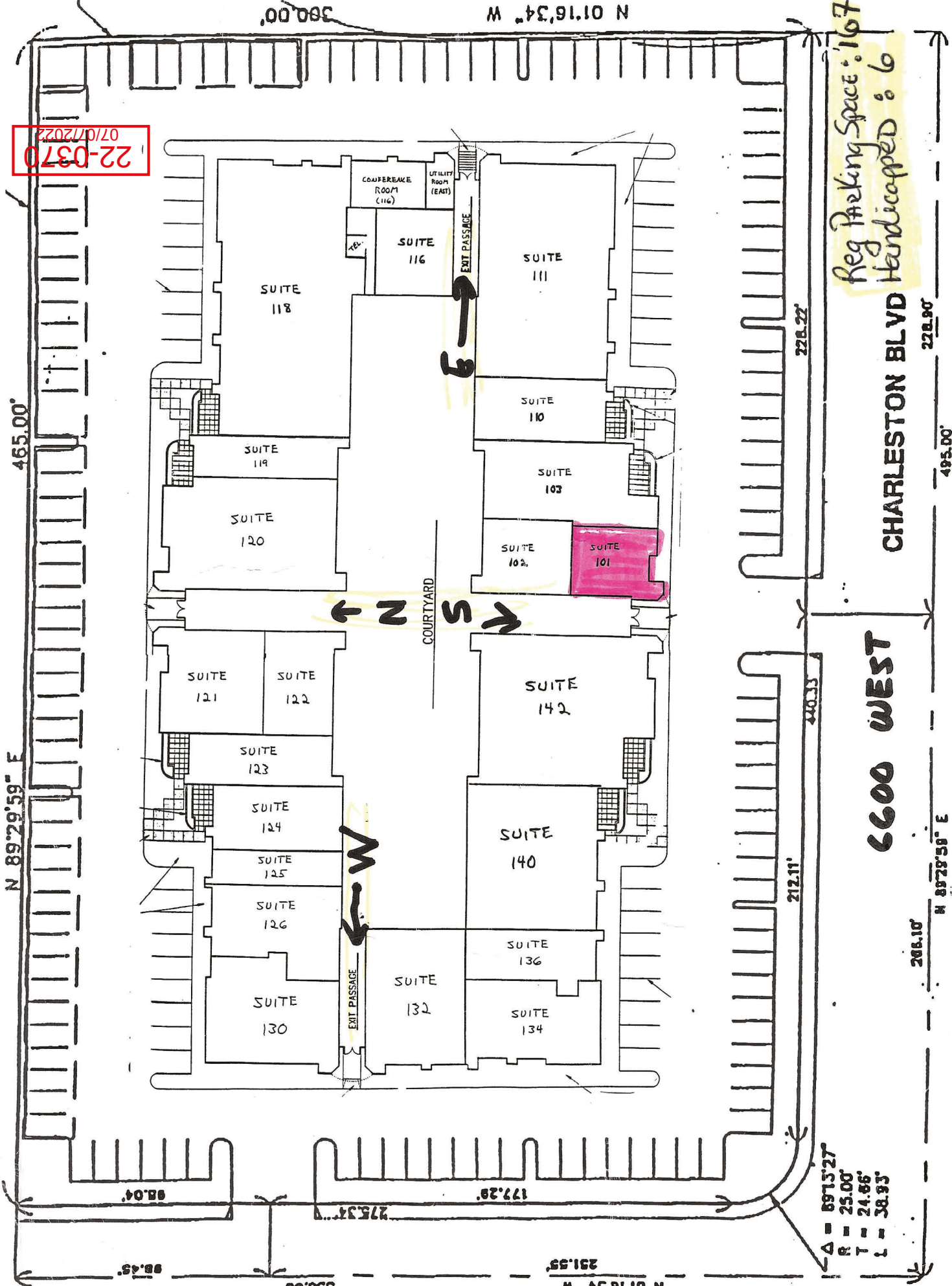
This 24th day of June, 2022

Christine O. Janicki comm-expired 11/18/2022
Notary Public in and for said County and State



CHRISTINE O. JANICKI
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 14-15510-1
My Appt. Expires November 11, 2022

WESTON PLACE



22-0370
07/01/2022

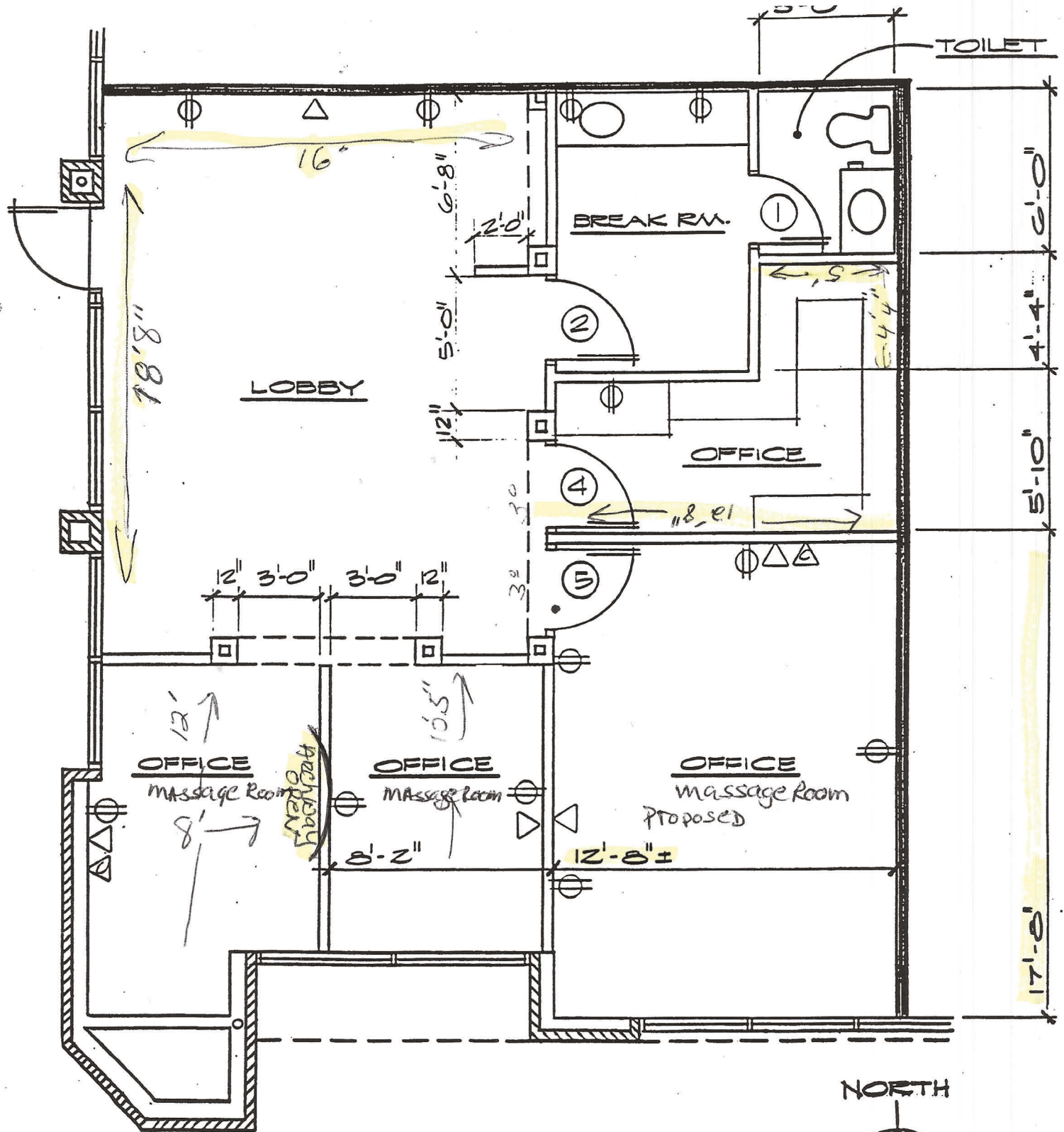
Reg Parking Space: 167
Handicapped: 6

CHARLESTON BLVD

6600 WEST

Δ = 89°13'27"
B = 25.00°
T = 24.86°
L = 38.93°

LORENZI STREET



FLOOR PLAN

SUITE 101

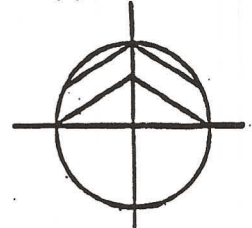
SCALE: 1/4" = 1'-0"

WESTON PLACE: Suite 101

Approximately 1,100 Square Feet

General Office space. 1 Restroom

NORTH



22-0370
07/07/2022