



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) Site Development Plan Review, Special Use Permit, Variance

Project Address (Location) 7195 Jones Boulevard, Las Vegas, Nv 89131

Project Name Elkhorn Memory Care - 8 Bed Addition **Proposed Use** RE, Convalescent Care

Assessor's Parcel #(s) 125-23-502-008 **Ward #** Ward 6

General Plan: Existing DR Proposed DR **Zoning:** Existing RE Proposed RE

Additional Information _____

Property Owner J G C Elkhorn LLC **Contact** Agustus Coker, Managing Member
Address 7195 Jones Blvd. **City** Las Vegas **State** Nv **Zip** 89131
E-mail _____ **Phone** 702-271-9542

Applicant Augustus Coker **Contact** Augustus Coker
Address 7195 Jones Blvd. **City** Las Vegas **State** Nv **Zip** 89131
E-mail cvdev1@outlook.com **Phone** 702-271-9542

Representative PSWC Architects **Contact** Corey J. Wissenback
Address 1930 Village Center Cir. #3-475 **City** Las Vegas **State** Nv **Zip** 89134
E-mail corey@pswcarchitects.com **Phone** 702-374-4512

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 Augustus Coker

Subscribed and sworn before me
This 2nd day of FEBRUARY, 20 23

Notary Public in and for said County and State

SEE ATTACHED NOTARY TR

23-0056
02/02/2023

Jurat Certificate California only

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of ORANGESubscribed and sworn to (or affirmed) before me on this 2day of FEBRUARY, 2023, by AUGUSTUS COKER

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Seal Here

Signature

**Description of Attached Document**

Type or Title of Document

APPLICATION/PETITION FORM & STATEMENT OF FINANCIAL INTERESTS

Document Date

2/2/23

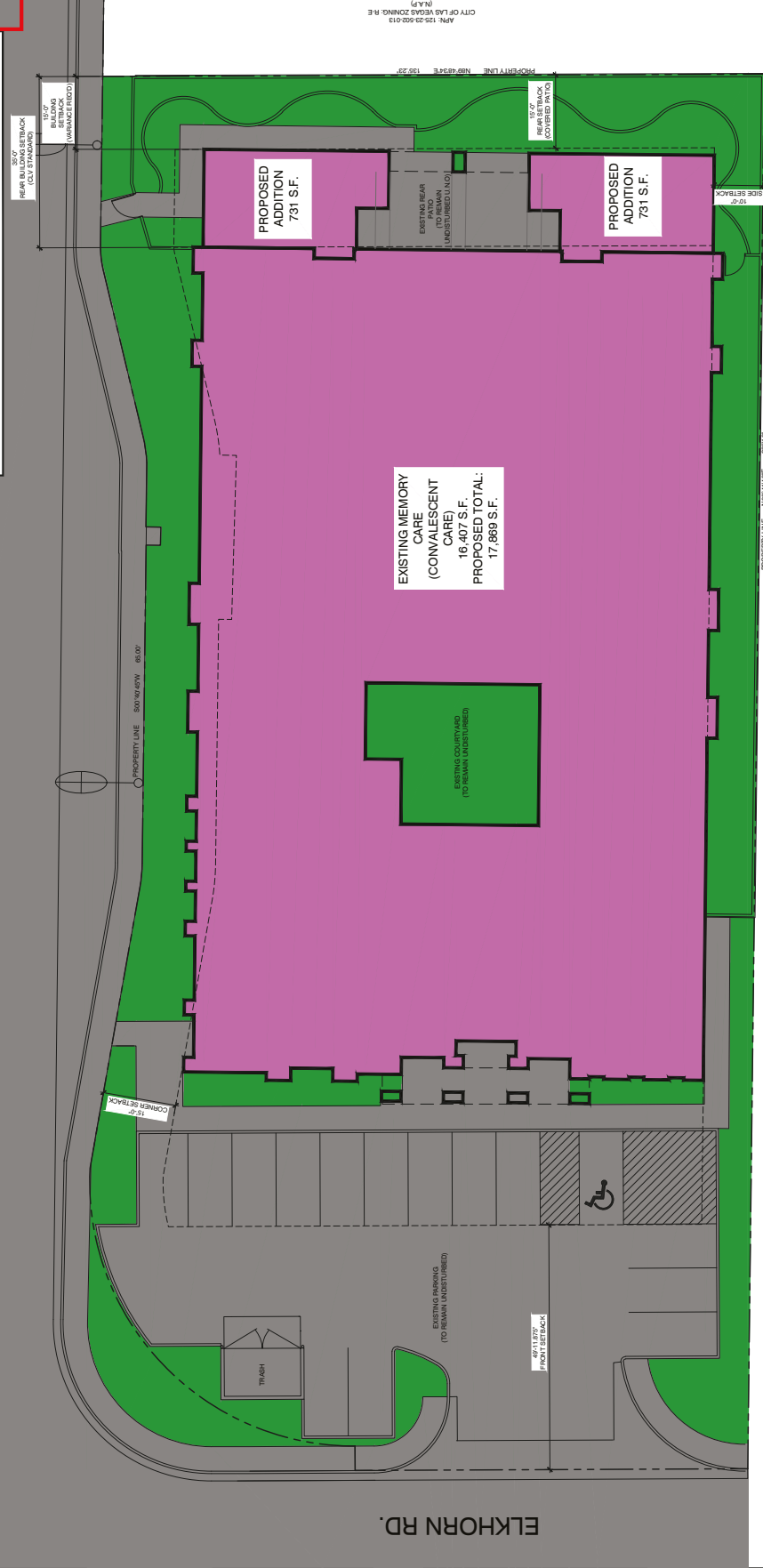
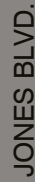
Number of Pages

1

Signer(s) Other Than Named Above

[illegible]

PROJECT DATA	125-52-509.08 82 ACRES (±) (35,719.5 f.)		125-52-509.08 82 ACRES (±) (35,719.5 f.)	
	CITY OF LAS VEGAS		CITY OF LAS VEGAS	
	PROPOSED TOTAL LOT COVERAGE INCLUDING SUBTENDING: 16 SPACES		PROPOSED TOTAL LOT COVERAGE INCLUDING SUBTENDING: 16 SPACES	
	PROPOSED ADDITIONAL COVERAGE: 0		PROPOSED ADDITIONAL COVERAGE: 0	
	PROPOSED LOT COVERAGE: 19.943 / 82.4 = 24.56%		PROPOSED LOT COVERAGE: 19.943 / 82.4 = 24.56%	
	CURRENT ZONING / LAND USE: R-E		CURRENT ZONING / LAND USE: R-E	
	PROPOSED USE: CONVALESCENT CARE (IMBURY CARE)		PROPOSED USE: CONVALESCENT CARE (IMBURY CARE)	
	(APPROVED UNDER EXISTING SPECIAL USE PERMIT PGJ-384468)		(APPROVED UNDER EXISTING SPECIAL USE PERMIT PGJ-384468)	
	PARKING ANALYSIS:		PARKING ANALYSIS:	
	CONVALESCENT CARE 1 SPACES PER 100 SF 1 SPACES FOR EACH IMPROVE IN THE LARGEST SHEET - MAX. 7 FEE SHEET 3.9 SPACES FOR USE BY MEDICAL PROFESSIONALS TOTAL REQUIRED: 16 SPACES TOTAL PROVIDED: 15.9 SPACES (1 SPACE DEFICIENCY)		CONVALESCENT CARE 1 SPACES PER 100 SF 1 SPACES FOR EACH IMPROVE IN THE LARGEST SHEET - MAX. 7 FEE SHEET 3.9 SPACES FOR USE BY MEDICAL PROFESSIONALS TOTAL REQUIRED: 16 SPACES TOTAL PROVIDED: 15.9 SPACES (1 SPACE DEFICIENCY)	



APN: 125-23-502-007
CLARK COUNTING ZONING: RE

PROPOSED SITE PLAN

SCALE : 3/32" = 1'-0"

FOR PLANNING SUBMITTAL

LANDSCAPE LEGEND



COMMON NAME: CAROLINA CHERRY
BOTTLE TREE
MEXICAN FAN PALM

BOTANICAL NAME: PRUNUS CAROLINIANA
BRACHYCHITON POPULNEUS
WASHINGTONIA ROBUSTA



COMMON NAME: JAPANESE BLUEBERRY
PHOTINIA
RED FOUNTAIN GRASS
SAGO PALM
ROSEMARY
RED YUCCA

BOTANICAL NAME: ELAEAGARUS DECIPENS
PHOTINIA FASERI
PENNISSETUM SETACEUM RUBRUM
CYCLUS REVOLUTAO
ROSMARINUS OFFICINALIS
HESPERALOE PARVIFOLIA

JONES BLVD.

ELKHORN RD.



PROPOSED LANDSCAPE PLAN

SCALE : 3/32" = 1'-0"

APN: 125-22-002-013
CLARK COUNTY ZONING: R-16

ALL LANDSCAPING SHOWN ON THIS PLAN IS EXISTING. THERE ARE NO PROPOSED CHANGES TO THE EXISTING LANDSCAPING. THE LANDSCAPING IS TO REMAIN UNDISTURBED BY THE NEW WORK.



FOR PLANNING SUBMITTAL



PWC Architects
ARCHITECTS
INTERIOR DESIGN
900 VILLAGE CENTER
LAS VEGAS, NEVADA 89134
TELEPHONE (702) 599-0011
FAX (702) 599-0011

Owner/Builder
AUGUSTUS COKER
7195 Jones Blvd
Las Vegas, NV 89131

ALTERATIONS FOR:
THE ELKHORN & JONES MEMORY CARE FACILITY
LOCATED AT:
7195 JONES BLVD
LAS VEGAS, NV 89131
APN: 125-22-002-008

DATE: 1-31-23
DRAWN BY: JTW
CHECKED BY: JTW
SCALE: AS NOTED

REVISIONS	DATE

PROPOSED LANDSCAPE PLAN
SHEET NO. **EXB-4**
OF 4 SHEETS



Owner/ Builder

**AUGUSTUS
COKER**

7195 Jones Blvd
Las Vegas, NV 89131

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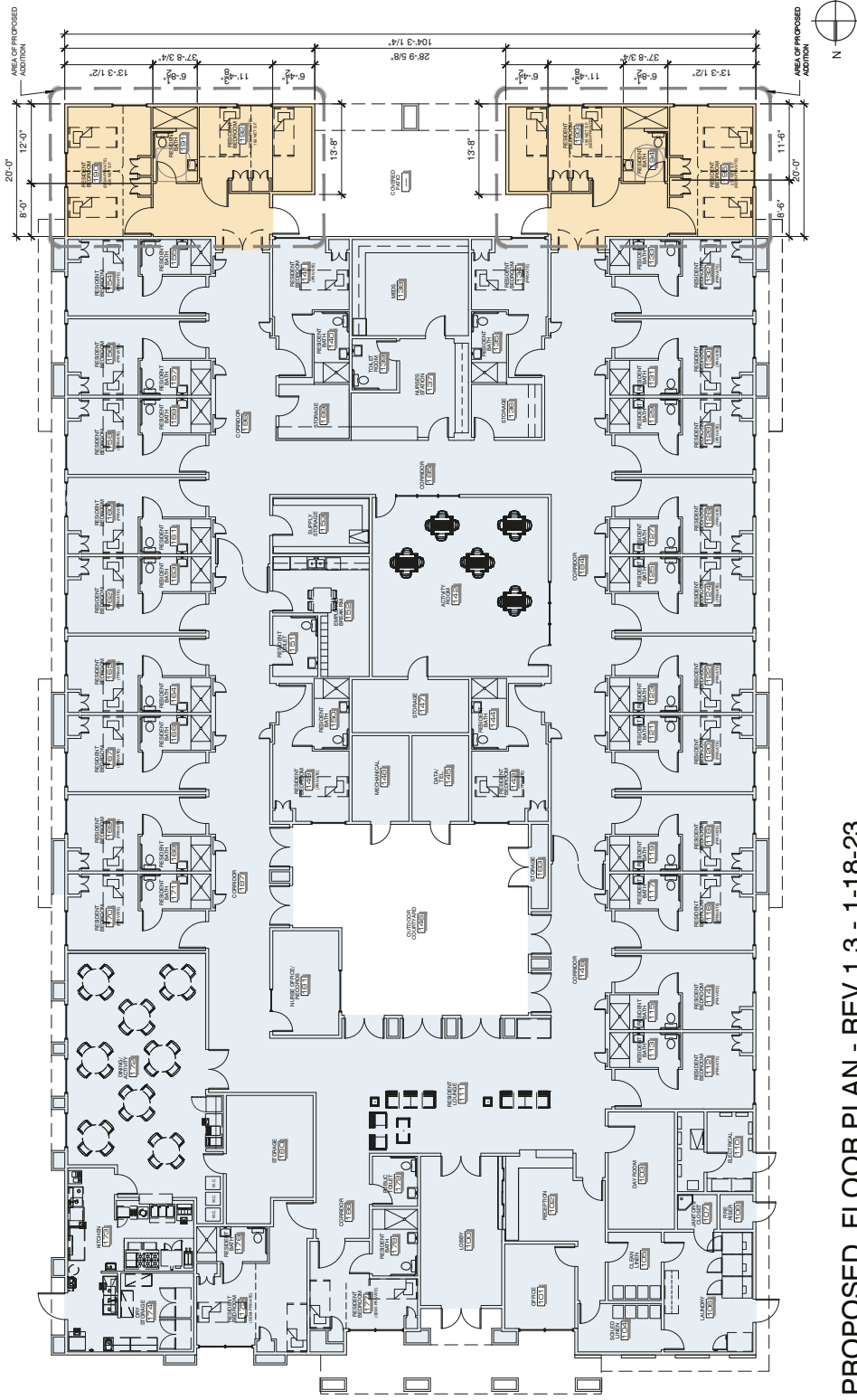
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DATE:	1-31-23
PSWC JOB NO.:	
DRAWN BY:	CJW
CHECKED BY:	TJW
SCALE	AS NOTED

SHEET TITLE

**PRELIMINARY
FLOOR PLAN
OPTION TWO**

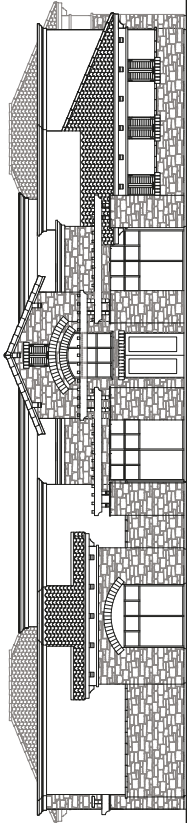
SHEET NO: **EXB-2** OF 4 SHEETS



PROPOSED FLOOR PLAN - REV 1.3 - 1-18-23

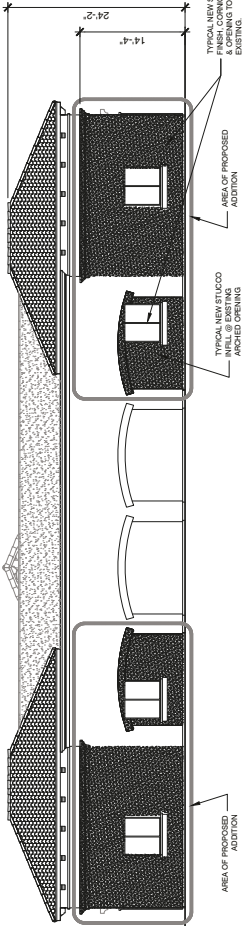
SCALE : 1/8" = 1'-0"

FOR PLANNING SUBMITTAL



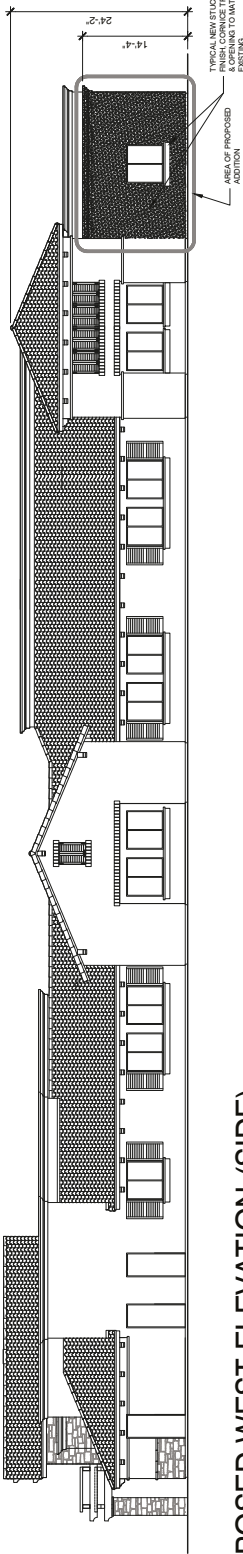
PROPOSED NORTH ELEVATION (FRONT)

SCALE : 1/8" = 1'-0"



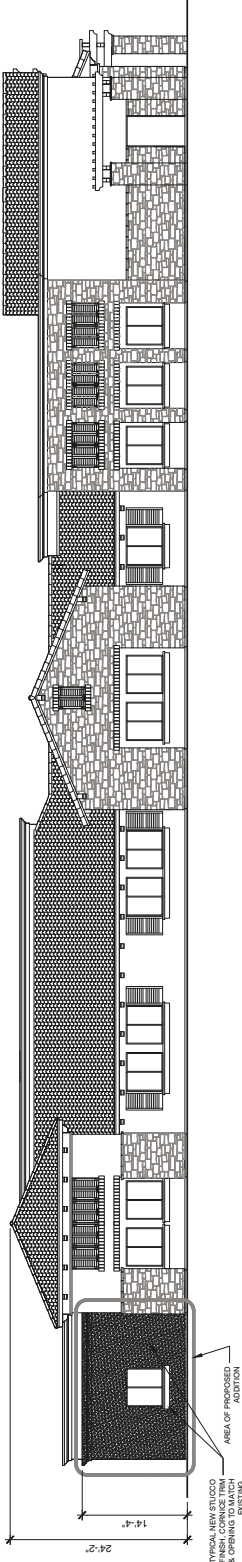
PROPOSED SOUTH ELEVATION (REAR)

SCALE : 1/8" = 1'-0"



PROPOSED WEST ELEVATION (SIDE)

SCALE : 1/8" = 1'-0"



PROPOSED EAST ELEVATION (CORNER SIDE)

SCALE : 1/8" = 1'-0"

FOR PLANNING SUBMITTAL

Signature

23-0056

02/02/2023

Project

PSWC Architects
ARCHITECTS
INTERIOR DESIGN
1800 VILLAGE CENTER
LAS VEGAS, NEVADA 89134
TELEPHONE: (702) 596-0011
FAX: (702) 596-0001

Owner/Builder

**AUGUSTUS
COKER**

7195 Jones Blvd
Las Vegas, NV 89131

Project

**ALTERATIONS FOR:
THE
ELKHORN &
JONES
MEMORY CARE
FACILITY**

LOCATED AT:
1715 JONES BLVD
LAS VEGAS, NV 89131
APN#: D25-032-002-008

REVISIONS:

DATE:

DATE:

1-31-23

PROJECT JOB NO.:

DRAWN BY:

CJT

CHECKED BY:

JTW

SCALE:

AS NOTED

SHEET TITLE

**PROPOSED
EXTERIOR
ELEVATIONS**

SHEET NO.:

EXB-3
OF 4 SHEETS