



DEPARTMENT OF PLANNING

APPLICATION / PETITION FORM

Application/Petition For: CHANGE ZONE
 Project Address (Location) S. Rampart/W. Charleston/Hualapai/Alta
 Project Name ORCHESTRA VILLAGE Proposed Use _____
 Assessor's Parcel #(s) Portion of 138-32-301-004 Ward # 2
 General Plan: existing PROS proposed H Zoning: existing R-PD7 proposed R-4
 Commercial Square Footage _____ Floor Area Ratio _____
 Gross Acres 17.49 Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER Seventy Acres LLC Contact Frank Pankratz
 Address 1215 South Fort Apache Road, Suite 120 Phone: (702) 940-6930 Fax: (702) 940-6931
 City Las Vegas State Nevada Zip 89117
 E-mail Address Frank@ehbcompanies.com

APPLICANT Seventy Acres LLC Contact Frank Pankratz
 Address 1215 South Fort Apache Road, Suite 120 Phone: (702) 940-6930 Fax: (702) 940-6931
 City Las Vegas State Nevada Zip 89117
 E-mail Address Frank@ehbcompanies.com

REPRESENTATIVE GCW Engineering, Inc. Contact Cindie Gee
 Address 1555 South Rainbow Phone: (702) 804-2107 Fax: (702) 804-2299
 City Las Vegas State Nevada Zip 89146
 E-mail Address cgee@gcwengineering.com

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 this application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.

Property Owner Signature* Vickie DeHart

*An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.
 Print Name Vickie DeHart

Subscribed and sworn before me
 This 23 day of November, 2015
Jillann Stewart-Schencke

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY	
Case #	
Meeting Date:	
Total Fee:	
Date Received:*	
Received By:	

*The application will not be deemed complete until the submitted materials have been reviewed by the Department of Planning to consistent with applicable sections of the Zoning Ordinance.
PR-1-62226
11/30/15
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