Department of Comprehensive Planning
Application Form

ASSESSOR PARCEL #(s): 176-27-401-013

PROPERTY ADDRESS/ CROSS STREETS: Cactus /Buffalo

DETAILED SUMMARY PROJECT DESCRIPTION

A 210 a single family residential development. We are request a Zone Change with a PUD

PROPERTY OWNER INFORMATION

NAME: Clark County RPM
ADDRESS: 500 S. Grand Central Parkway 4th Floor
CITY: Las Vegas STATE: NV ZIP CODE: 89155
TELEPHONE: _____ CELL _____ EMAIL: _____

APPLICANT INFORMATION (must match online record)

NAME: Kavison Homes LLC
ADDRESS: 8975 S. Pecos St #6C
CITY: Las Vegas STATE: NV ZIP CODE: 89119 REF CONTACT ID # _____
TELEPHONE: 702-721-6111 CELL _____ EMAIL: todd@kavisionhomes.com

CORRESPONDENT INFORMATION (must match online record)

NAME: Thomason Consuting Engineers
ADDRESS: 7080 La Cienega St. #200
CITY: Las Vegas STATE: NV ZIP CODE: 89119 REF CONTACT ID # 170791
TELEPHONE: 702-932-6125 CELL 702-336-4071 EMAIL: smacias@tce-lv.com

*Correspondent will receive all communication on submitted application(s).

(I, We) the undersigned swear and say that (I am, We are) the owner(s) of record on the Tax Rolls of the property involved in this application, or (am, are) otherwise qualified to initiate this application under Clark County Code; that the information on the attached legal description, all plans, and drawings attached hereto, and all the statements and answers contained herein are in all respects true and correct to the best of my knowledge and belief, and the undersigned and understands that this application must be complete and accurate before a hearing can be conducted. (I, We) also authorize the Clark County Comprehensive Planning Department, or its designee, to enter the premises and to install any required signs on said property for the purpose of advising the public of the proposed application.

Property Owner (Signature)* | Joshua Erickson - Deputy Director of RPM **Property Owner (Print)** | 4/17/2025 **Date**

DEPARTMENT USE ONLY:

☐ AC	☐ AR	☐ ET	☐ PUDD	☐ SN	☐ UC	☐ WS
☐ ADR	☐ AV	☐ PA	☐ SC	☐ TC	☐ VS	☐ ZC
☐ AG	☐ DR	☐ PUD	☐ SDR	☐ TM	☐ WC	☐ OTHER _____

APPLICATION # (s) _____ ACCEPTED BY _____
PC MEETING DATE _____ DATE _____
BCC MEETING DATE _____ FEES _____
TAB/CAC LOCATION _____ DATE _____