



OFFICIAL RECORD  
AMY ELMER, RECORDER

**SPECIAL USE PERMIT-  
CONDITIONS OF APPROVAL**

**Applicant: Jesse Thornton**  
**Assessor Parcel Number(s): 004-042-06**  
**File: 2023-SUP-06**

Planning Commission Approval Date: January 11<sup>th</sup>, 2024

Request: Special Use Permit to provide a limited catering and restaurant service. No "dine-in" area would be provided.

Master Plan Designation: Low Density Residential

**This document is to be notarized and recorded with the Lincoln County  
Recorders Office within the timeframe listed in this document.**

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**CONDITIONS:**

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**The following conditions have been placed in this request to ensure the  
applicant will meet all necessary standards in place.**

**A. Within 30 days of final approval:**

1. The Applicant shall record the approved conditions with the Lincoln County Recorder's Office.
2. The Applicant shall obtain a Lincoln County Business License
3. The Applicant shall obtain a Lincoln County Building Permit.

**B. Within 6 months of final approval:**

1. Internal compliance review by Staff

**C. Within 2 years of final approval:**

1. Review by the Lincoln County Planning Commission

**General Conditions:**

1. D. Maintain current "Food Establishment" permit within good standing under the Nevada Department of Health and Human Services in addition to a Lincoln County Business License.

- E. Signage: Installation of clear and visible address sign indicating address of property.
- F. Parking shall be "off-street" as not to interfere with through traffic
- G. Outdoor grilling or related outdoor cooking in conjunction to the business will not be allowed
- H. Applicant will allow access for Alamo Sewer & Water to inspect grease trap as needed.
- I. Special Use Permit expires with any change in ownership.

2-1-2024  
Date

Jesse Thornton  
Signature

Jesse Thornton  
Printed Name

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF LINCOLN    )

Subscribed and sworn before me this 1 day of February, 2024

Robin E. Simmers  
Notary Public in and for  
said County and State

