



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number. **VAR-38195** APN: 162-05-801-011

Name of Property Owner: La Jolla Plaza II LLC

Name of Applicant: Steven Kozmary

Name of Representative: _____

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): _____

APN: _____

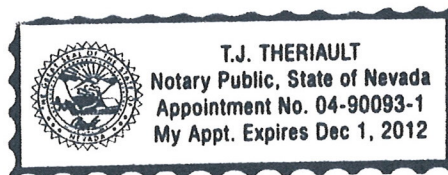
Signature of Property Owner: _____

Print Name: Steven Kozmary

Subscribed and sworn before me

This 30th day of April, 20 10

[Signature]
Notary Public in and for said County and State



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Parking Variance
 Project Address (Location) 2851 El Camino Avenue #200, Las Vegas NV 89102
 Project Name Kozmary Center for Pain Management Proposed Use Massage - Medical
 Assessor's Parcel #(s) 162-05-801-011 Ward # _____
 General Plan: existing S-C proposed _____ Zoning: existing C-1 proposed N/A
 Commercial Square Footage 8,860 Floor Area Ratio _____
 Gross Acres 0.47 Lots/Units 1 Density _____
 Additional Information _____

PROPERTY OWNER La Jolla Plaza II LLC Contact Steven Kozmary
 Address 2851 El Camino Avenue Phone: (702) 567-4810 Fax: (702) 380-3212
 City Las Vegas State NV Zip 89102
 E-mail Address md@kozmary.com

APPLICANT Steven Kozmary MD Contact Steven Kozmary
 Address 2851 El Camino Avenue Phone: (702) 567-4810 Fax: (702) 380-3212
 City Las Vegas State NV Zip 89102
 E-mail Address md@kozmary.com

REPRESENTATIVE _____ Contact _____
 Address _____ Phone: _____ Fax: _____
 City _____ State NV Zip _____
 E-mail Address _____

Property Owner Signature* [Signature]

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

Print Name Steven Kozmary

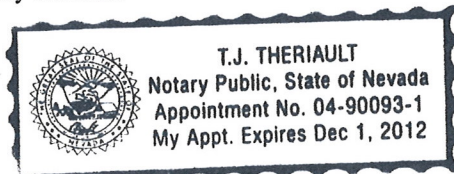
Subscribed and sworn before me

This 30th day of April, 20 10.

[Signature]

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case #	<u>VAR-38195</u>
Meeting Date:	<u>6/24/08</u>
Total Fee:	<u>\$1830.00</u>
Date Received:*	<u>5/5/08</u>
Received By:	<u>M ROX</u>

*The application will not be deemed complete until the submitted materials have been reviewed by the Planning and Development Department for consistency with applicable sections of the Zoning Ordinance.

f:\depot\Application Packet\Application Form.pdf

STREAMLINE
CONCEPT
DESIGN SOLUTIONS

Streamline Concepts
Design Solutions
6011 Maple Park Street
Las Vegas, NV 89131
PH: 702-418-0718
FAX: 702-822-0652
EMAIL: info@slcd.com

Kozmary Center
for Pain Management
Experience • Compassion • Results

KOZMARY CENTER FOR
PAIN MANAGEMENT
2851 EL CAMINO AVENUE SUITE 101
LAS VEGAS, NEVADA 89102
PHONE: 702-380-3210

SHEET TITLE:

[illegible]

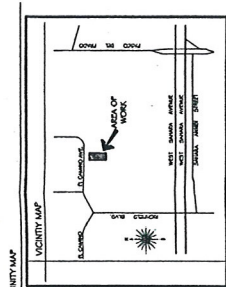
SHEET INFORMATION:
PROJECT NUMBER: 10-004
DRAWN BY: DYLAN YOUNG
LAST MODIFIED: MARCH 16, 2020
SCALE: 1/8"=1'-0"

SHEET NUMBER,

40.00

RECEIVED
MAY 21 2010

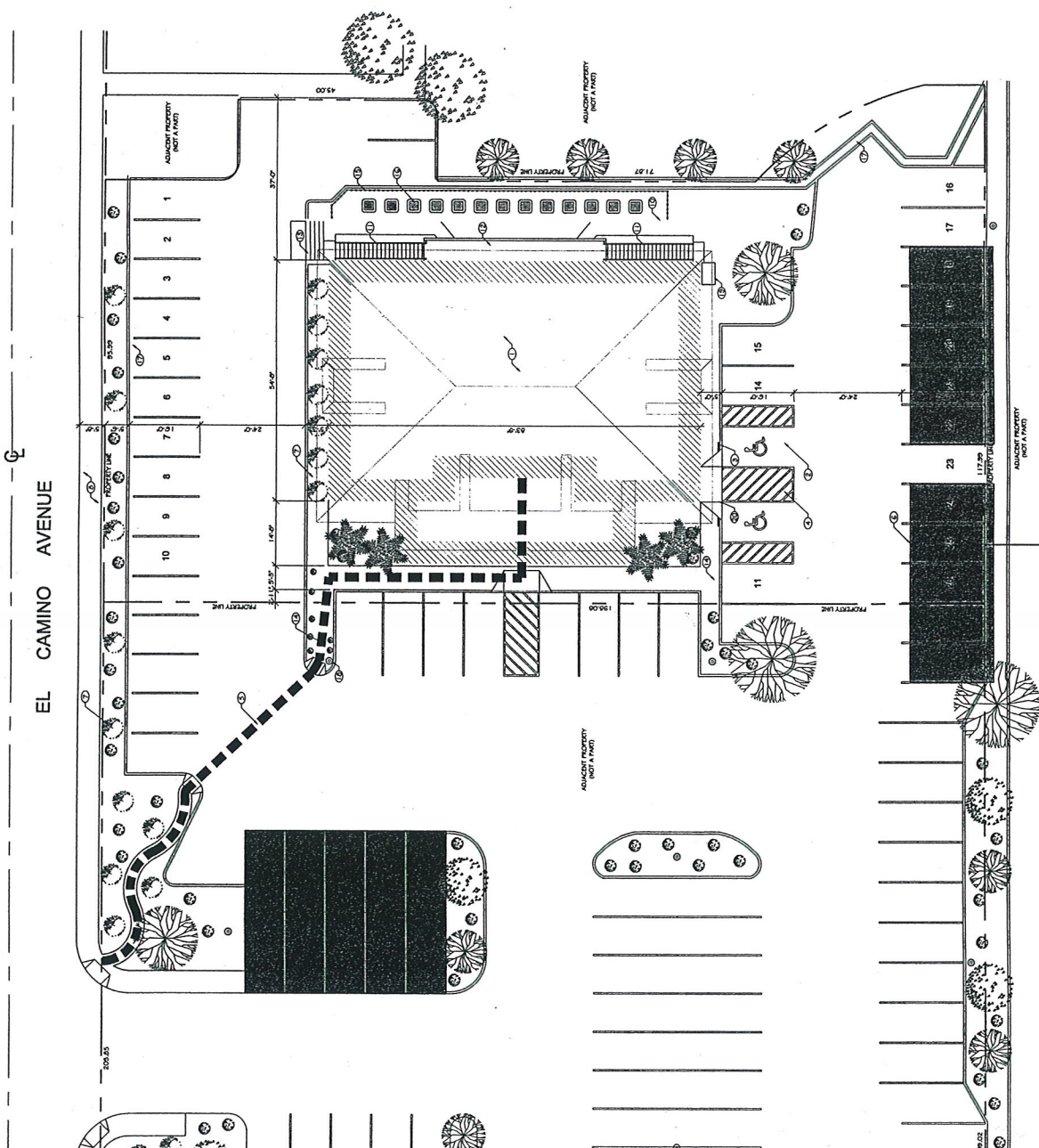
VAR-38195
SUP-38194
REVISED



BUILDING CODE DATA	B - OFFICE / OTHER THAN LISTED 162-055-401-011 CITY OF LAS VEGAS BUILDING OCCUPANCY/ ASSESSORS' PARCEL #: JURISDICTION: ZONING: C-1 LOT ACRES: 0.47 ACRES BUILDING SQUARE FOOTAGE: 1ST FLOOR: 4,004 SF 2ND FLOOR: 4,430 SF TOTAL: 8,434 SF LOT COVERAGE: 39%
--------------------	--

[illegible]

- [illegible]



1 SITE PLAN
A0.00 SCALE: 1:300

DESIGNER:
STREAMLINE CONSULTING
 Streamline Consulting
 8011 Highland Park Street
 Las Vegas, NV 89131
 Phone: 702-444-0795
 Fax: 702-444-0795
 Email: info@streamline.com

PREPARED FOR:
Kozmary Center
 for Pain Management
 Experience • Compassion • Results

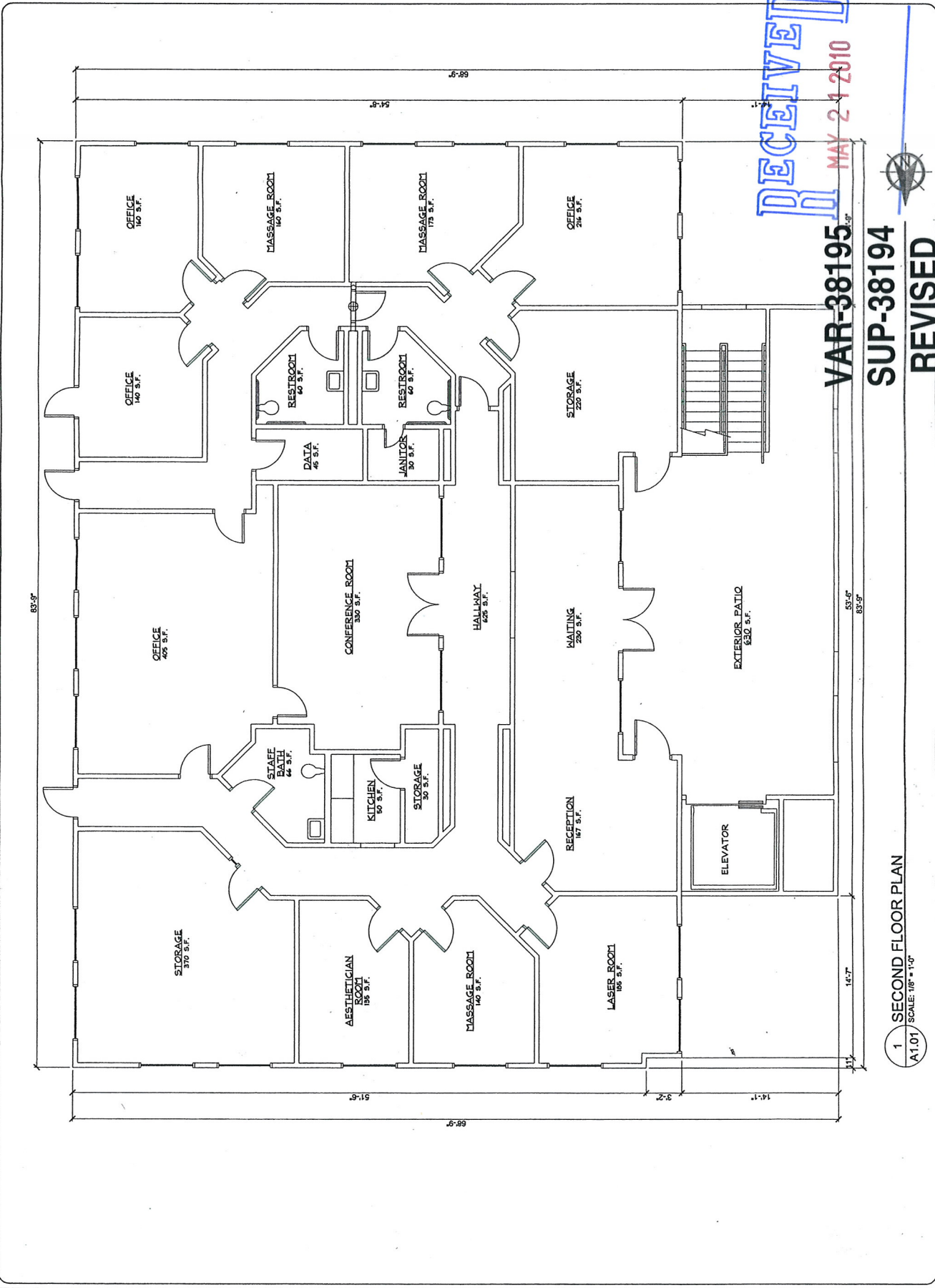
PROJECT:
KOZMARY CENTER FOR PAIN MANAGEMENT
 2851 EL CAMINO AVENUE SUITE 101
 LAS VEGAS, NEVADA 89102
 PHONE: 702-380-3210

SHEET TITLE:
SECOND FLOOR PLAN

DATE	REVISION	DATE

SHEET INFORMATION:
 PROJECT NUMBER: 00-004
 DRAWN BY: DYLAN YORKE
 LAST MODIFIED: MARCH 14, 2009
 SCALE: 1/8" = 1'-0"

SHEET NUMBER:
A1.01



DESIGNER:

STREAMLINE **Streamline Concepts**
 3011 Maple Park Street
 Las Vegas, NV 89121
 Phone: 702-434-0786
 Fax: 702-432-0452
 Email: info@streamline.com

PREPARED FOR:

Kozmary Center
 for Pain Management
 Experience • Compassion • Results

PROJECT:

KOZMARY CENTER FOR PAIN MANAGEMENT
 2851 EL CAMINO AVENUE SUITE 101
 LAS VEGAS, NEVADA 89102
 PHONE: 702-380-3210

SHEET TITLE:

FIRST FLOOR PLAN

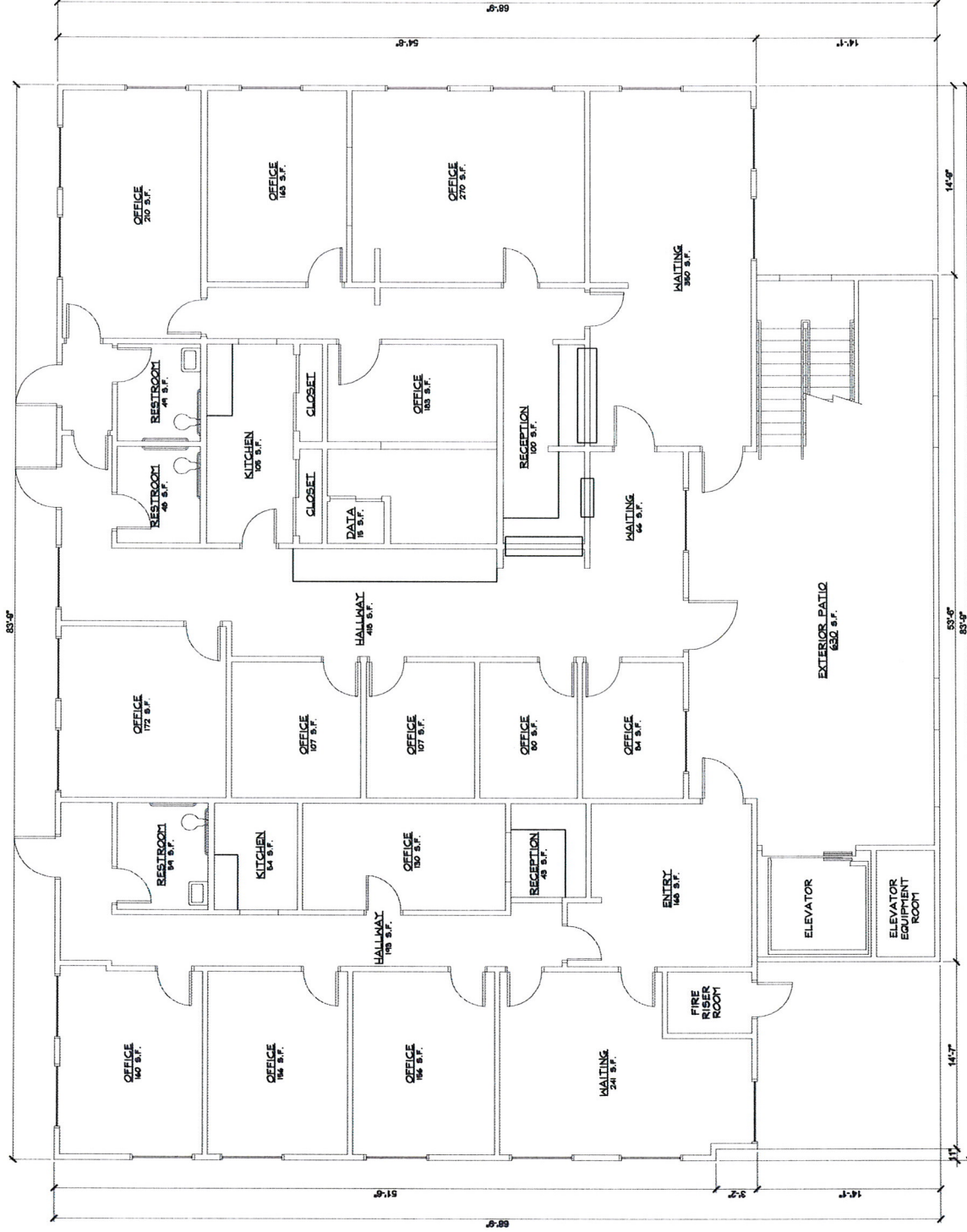
DATE	REVISION	DATE

SHEET INFORMATION:

PROJECT NUMBER: 10-024
 DRAWN BY: DTLAN TORRES
 LAST MODIFIED: MARCH 19, 2009
 SCALE: 1/8" = 1'-0"

SHEET NUMBER:

A1.00



1 FIRST FLOOR PLAN
 A1.00 SCALE: 1/8" = 1'-0"

VAR-38195
SUP-38194