



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-38194** 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): _____

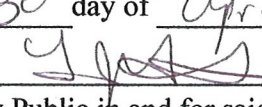
APN: _____

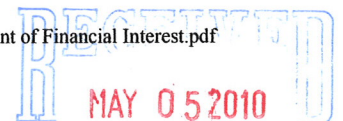
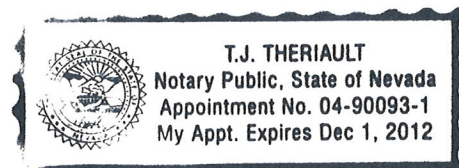
Signature of Property Owner: 

Print Name: STEVEN KOZMARY

Subscribed and sworn before me

This 30th day of April, 2010


Notary Public in and for said County and State



PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Special Use Permit - Massage Establishment
 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* _____

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

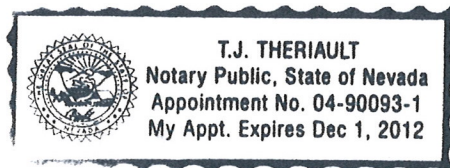
Print Name Steven Kozmary

Subscribed and sworn before me

This 30th day of April, 20 10.

Notary Public in and for said County and State

Revised 10/27/08



FOR DEPARTMENT USE ONLY

Case #	<u>SUP-38194</u>
Meeting Date:	<u>6/24/10</u>
Total Fee:	<u>1030.00</u>
Date Received:*	<u>5/5/10</u>
Received By:	<u>M REX</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