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

T.J. THERIAULT
Notary Public, State of Nevada
Appointment No. 04-90093-1
My Appt. Expires Dec 1, 2012

RECEIVED
MAY 05 2010

PLANNING & DEVELOPMENT

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

T.J. THERIAULT
Notary Public, State of Nevada
Appointment No. 04-90093-1
My Appt. Expires Dec 1, 2012

FOR DEPARTMENT USE ONLY

Case #	SUP-38194
Meeting Date:	6/24/10
Total Fee:	1030.00
Date Received:*	5/5/10
Received By:	MREX

*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.

Revised 10/27/08

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