



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: _____

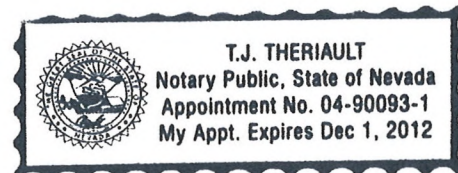
Signature of Property Owner: _____

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* _____

* 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>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

DESIGNER: **STREAMLINE**
Design Solutions
8011 Poplar Park Street
Las Vegas, NV 89128
Phone: 702-444-0788
Fax: 702-444-0782
E-MAIL: 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

SITE PLAN

SHEET TITLE:

DELTA	REVISION	DATE

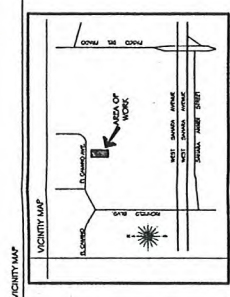
SHEET INFORMATION:
PROJECT NUMBER: 10-004
DRAWN BY: DYLAN TORKE
LAST MODIFIED: MARCH 16, 2009
SCALE: 1/3200

SHEET NUMBER:

A0.00

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MAY 21 2010

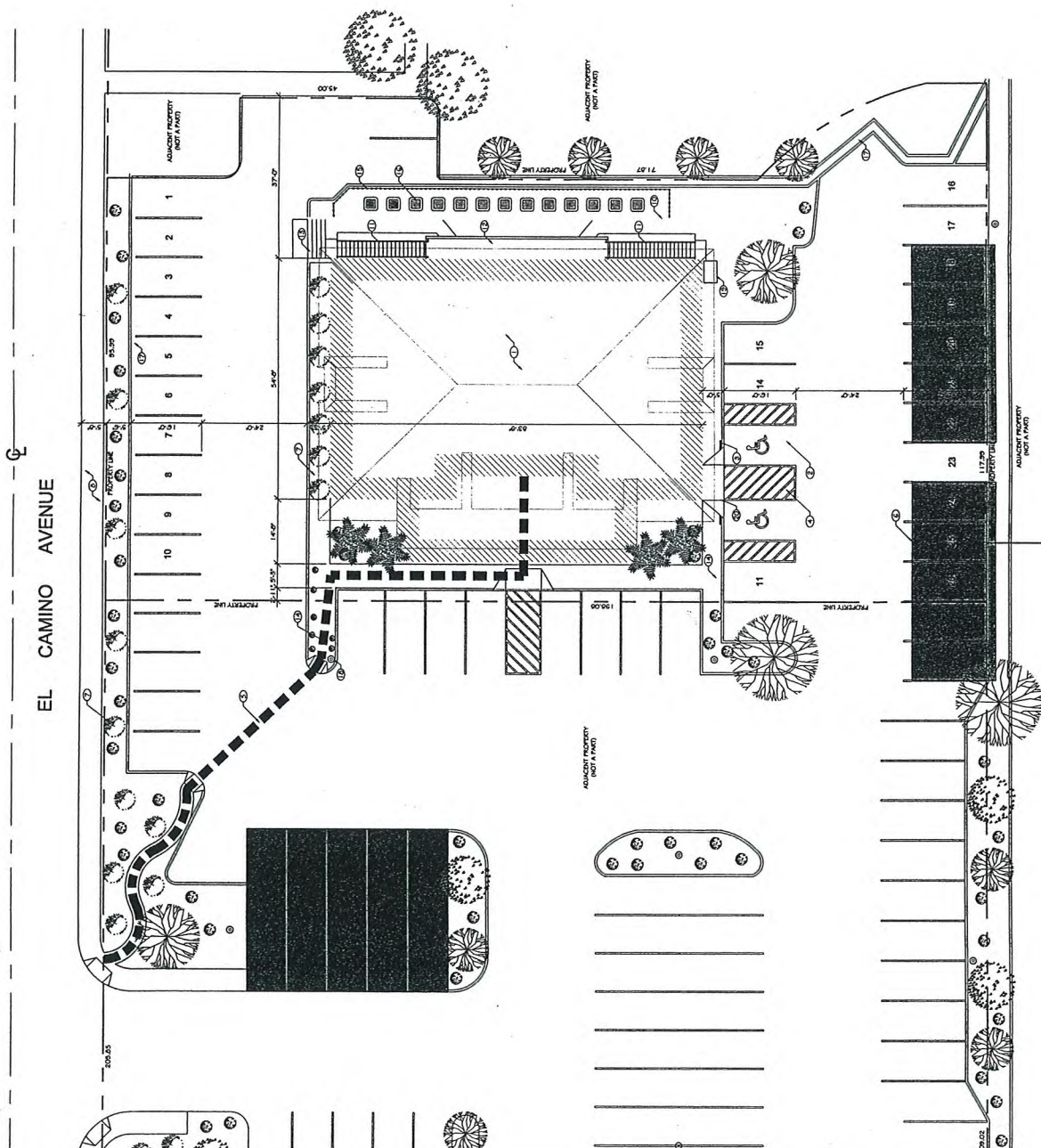
**VAR-38195
SUP-38194
REVISED**



BUILDING CODE DATA
BUILDING OCCUPANCY: 1
APPROXIMATE PARCELS: 1
JURISDICTION: CITY OF LAS VEGAS
LOT AREA: 4,094 SF
BUILDING SQUARE FOOTAGE: 200,000 SF
TOTAL LOT COVERAGE: 33%

PARKING CALCULATIONS (PER TITLE 19.04-HALE 19.10)
EXISTING HANDICAPPED: 11,000 = 2,000 SF / 11175 THERE AFTER
CLINICAL OFFICE: 11,000 = 2,000 SF / 11175 THERE AFTER
MASSAGE ROOM: 2 SPACES PER MASSAGE ROOM
TOTAL AVAILABLE SQUARE FOOTAGE (PER ROOM): 21 SPACES
TOTAL AVAILABLE SQUARE FOOTAGE (PER ROOM): 16 SPACES
CLINICAL OFFICE (2ND FLOOR): 3,554 SF = 6 SPACES
MASSAGE ROOM (2ND FLOOR): 3 ROOMS (475 SF) = 6 SPACES
TOTAL PARKING REQUIRED: 41 SPACES
STANDARD: 41 SPACES
HANDICAPPED: 02 SPACES
TOTAL: 43 SPACES
STANDARD: 24 SPACES
HANDICAPPED: 02 SPACES
TOTAL: 26 SPACES

- EXISTING TWO-STORY OFFICE
- PROPOSED HANDICAPPED PARKING STALL
- PROPOSED HANDICAPPED PARKING SIGN
- EXISTING ACCESS PATH OF TRAVEL TO PUBLIC WAY
- EXISTING EXTERIOR STAIR CASE
- EXISTING LANDSCAPE
- EXISTING STORMWATER
- EXISTING STANDARD PARKING
- EXISTING CHU WALL
- EXISTING EXTERIOR STAIR CASE
- EXISTING WALKWAY ON SECOND FLOOR
- EXISTING CONCRETE STEPS
- EXISTING WALKWAY
- EXISTING WOODEN IRON FENCE
- EXISTING AIR CONDITION UNIT
- EXISTING GUTTER
- EXISTING LIGHT POLE
- EXISTING ELECTRICAL PANEL
- PROPOSED ADA ACCESSIBLE RAMP



1 SITE PLAN
A0.00 SCALE: 1/3200

DESIGNER:
STREAMLINE Concepts
 Streamline Concepts
 8011 Regal Park Street
 Las Vegas, NV 89131
 Phone: 702-444-0795
 Fax: 702-444-0822
 Email: info@slc.com



PREPARED FOR:

Kozmary Center
 for Pain Management
 Experience • Compassion • Results

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

SECOND FLOOR PLAN

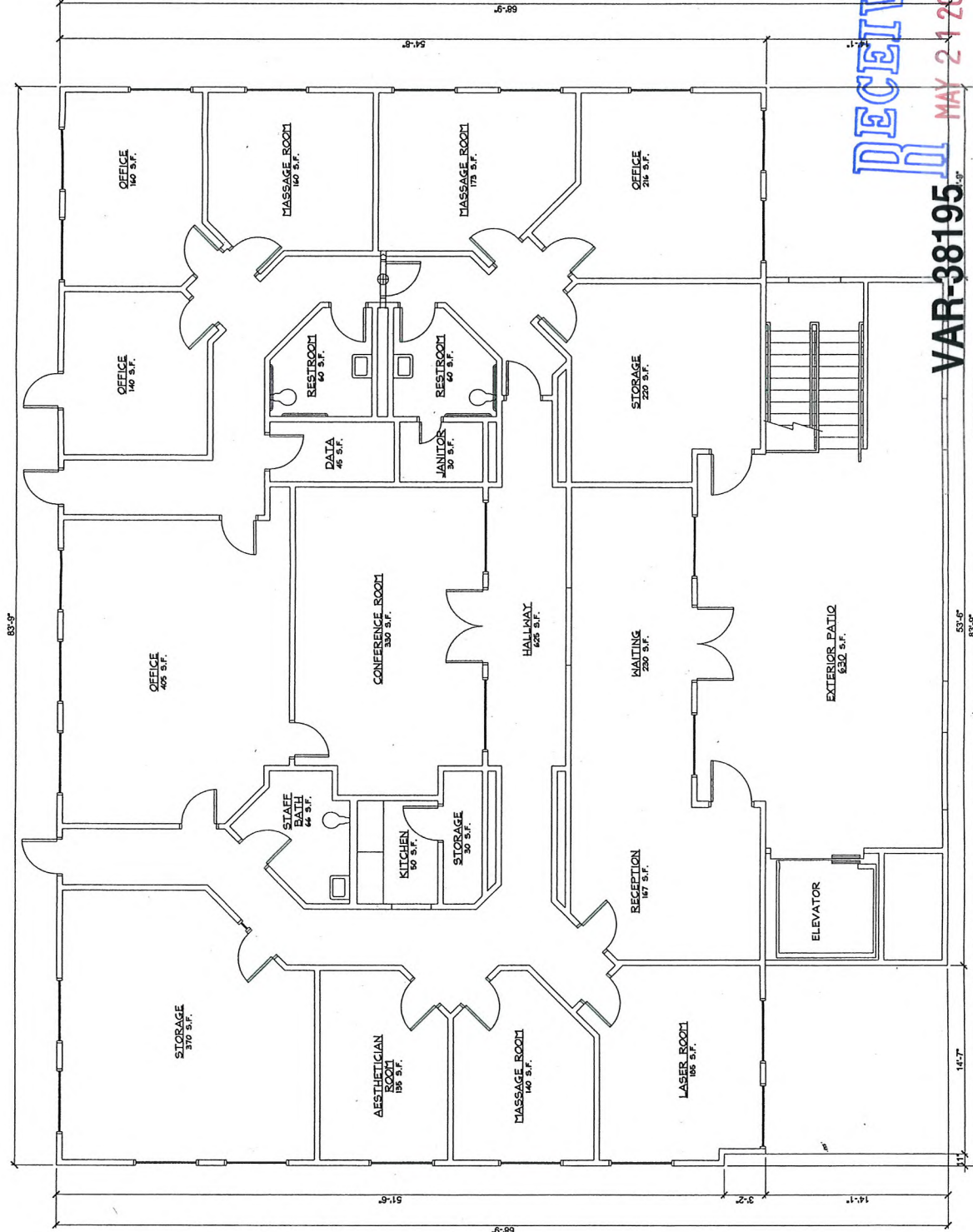
SHEET TITLE:

DATE	REVISION	DELTA

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

SHEET NUMBER:

A1.01



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 MAY 21 2010

VAR-38195

SUP-38194

REVISED

1 SECOND FLOOR PLAN
 SCALE: 1/8" = 1'-0"

DESIGNER:

STREAMLINE *Streamline Concepts*

1000 West Sahara Avenue
 Suite 100
 Las Vegas, NV 89103
 Phone: 702-438-0786
 Fax: 702-438-0482
 Email: info@streamline.com

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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

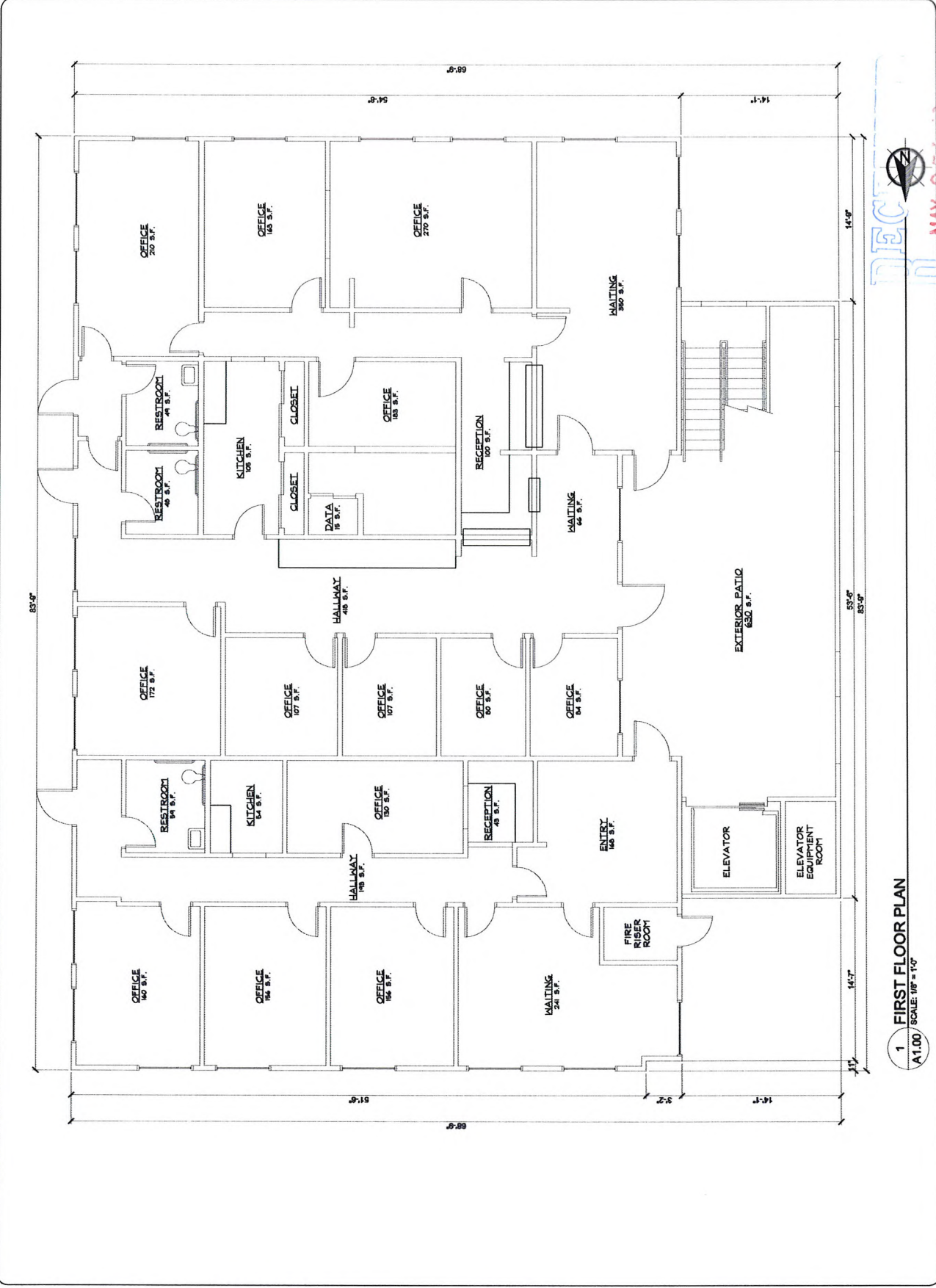
DATE	REVISION	DATE

SHEET INFORMATION:

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

SHEET NUMBER:

A1.00



VAR-38195
SUP-38194