



PLANNING & DEVELOPMENT DEPARTMENT

STATEMENT OF FINANCIAL INTEREST

Case Number: **SUP-39104** APN: 138-32-816-006

Name of Property Owner: Shinhan E + C America Inc

Name of Applicant: _____

Name of Representative: Barbara Holland

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: _____

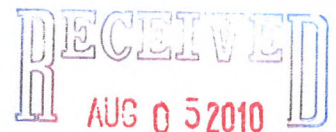
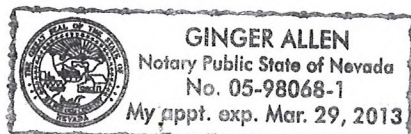
Signature of Property Owner: Barbara Holland

Print Name: Barbara Holland

Subscribed and sworn before me

This 29th day of July, 2010

Notary Public in and for said County and State





PLANNING & DEVELOPMENT DEPARTMENT

APPLICATION / PETITION FORM

Application/Petition For: Massage Establishment
Project Address (Location): 750 S. Durango Suite 120
Project Name: Phoenix Physical Therapy & Longevity Center Proposed Use: Massage
Assessor's Parcel #(s): 13832816006 Ward #: 2
General Plan: existing SC proposed Zoning: existing C-1 proposed
Commercial Square Footage Floor Area Ratio
Gross Acres 1.45 Lots/Units Density
Additional Information

PROPERTY OWNER Shinhan E R C America INC Contact Ruby Abraham
Address P.O. Box 7440 Phone: 702 385-5611 Fax: 702 3853759
City Las Vegas State NV Zip 89125
E-mail Address rabraham @ hlrcahy.com

APPLICANT Phoenix Physical Therapy & Longevity Center Contact Eugene Kaufman
Address 750 S. Durango Dr. #120 Phone: 702-583-6200 Fax: 702-583-6201
City Las Vegas State NV Zip 89145
E-mail Address Eugene @ PhysicalTherapy.US

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

Property Owner Signature* Barbara Holland

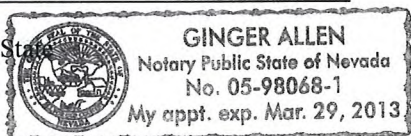
*An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps, and Parcel Maps.

Print Name Barbara Holland

Subscribed and sworn before me

This 28th day of July, 2010

Notary Public in and for said County and State



FOR DEPARTMENT USE ONLY

Case # SUP-39104
Meeting Date: 9/23/10
Total Fee: \$1030.00
Date Accepted: 08/05/10
Accepted By: JFmull

*The application will be deemed complete until the submitted materials have been reviewed by the Planning and Development for consistency with applicable sections for the Zoning Ordinance.

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GENERAL STRUCTURAL
COLD FORMED STEEL FRAMING

SHEET INDEX

SHEET INDEX	
A-0.0	Cover Sheet
A-0.1	Egress Plan and Structural Connection Details
EX-1.0	Existing Plan, Demolition Plan
A-1.0	Proposed Plans
A-2.0	Interior Elevations
A-2.1	Interior Elevations
A-2.2	Interior Elevations
A-2.3	Interior Elevations
A-3.0	Exterior Elevations
A-4.0	Building Sections
A-5.0	Typical Wall Sections and Details
A-6.0	Schedules
E-1.0	Power Plan
E-2.0	Lighting Plan

BUILDING ANALYSIS

Existing Shell Construction Type	- V, A (sprinkled)
Proposed Shell Construction Type	- IIB (sprinkled)
Occupancy Type	- B - Clinic, Outpatient
Allowable Occupant Load - TI (Occupancy B, only)	- 36 people
Actual Occupant Load - TI (based on mixed use occupancy see Egress Plan 1/A-0-1)	- 49 people
Sprinkled	- YES
Allowable Area - Total Building	- 18,000 square feet
Actual Area - Adjacent Unit 130 (Occupancy M)	- 1,966 square feet
Actual Area - Adjacent Unit 140 (Occupancy B)	- 1,750 square feet
Actual Area - Adjacent Unit 150 (Occupancy M)	- 4,505 square feet
Actual Area - Adjacent Unit 170 (Vacant)	- 2,009 square feet
Actual Area - TI - Unit 120	- 3,504 square feet
Actual Area - Total Building	- 13,734 square feet
Allowable Number of Stories	- 3
Actual Number of Stories	- 1
Max. Allowable Building Height	- 50'-0"
Actual Building Height	- 39'-4"
Required Number of Exits	- 2
Actual Number of Exits	- 5
Required Parking Stalls	- 35 (includes HC stalls)
Required Handicap Parking	- 7
Actual Parking Stalls	- 19 (includes HC stalls)
Actual Handicap Parking	- 4
Plumbing Fixtures	Required
Toilets (Male)	- 1
Lavatories (Male)	- 1
Toilets (Female)	- 1
Lavatories (Female)	- 1

PROJECT DESCRIPTION

Existing structure - A 3,504 square foot tenant unit fit out for a Physical Therapist Office.	
- The interior shall be renovated to add a Lobby, Reception area, Nutritionist Office, AV Closet, 7 (seven) - Message Therapy Offices, Storage Closet, and a Weight Room. The 2 (two) - existing bathrooms shall be refinished and handicap accessible.	
- A new sign will be attached to the exterior of the building in the place of the existing sign.	
SITE ANALYSIS	
Zoning	- C-1
Plat / Lot	- Plat Book 80 Page 82 Lot 5
Parcel Number	- 138.132.816.006
Lot Size	- 1.47 acres
Tenant Unit Square Footage	- 3,504 sq.ft
Elevation	- 2855 ft
Earthquake Zone	- 2B
SITE ANALYSIS	
Building Codes	- 2006 IBC - 2005 NEC - 2006 UMC - 2006 IPC - 2003 ICC/ANSI - A117.1 - NFPA 13
Roof Load	- Live (PSF): 20 Dead (PSF): 14 total
Floor Load	- Live (PSF) 40 Dead (PSF) 20 total
Wind Load	- 90 MPH basic speed Exposure B

CLM Development
3710 W Desert Inn Rd
Las Vegas, NV 89102

Contractor:



Project:
Physical Therapy
Office
950 S. Durango, # 120
Las Vegas, NV

COVER SHEET

Sheet Number: 11

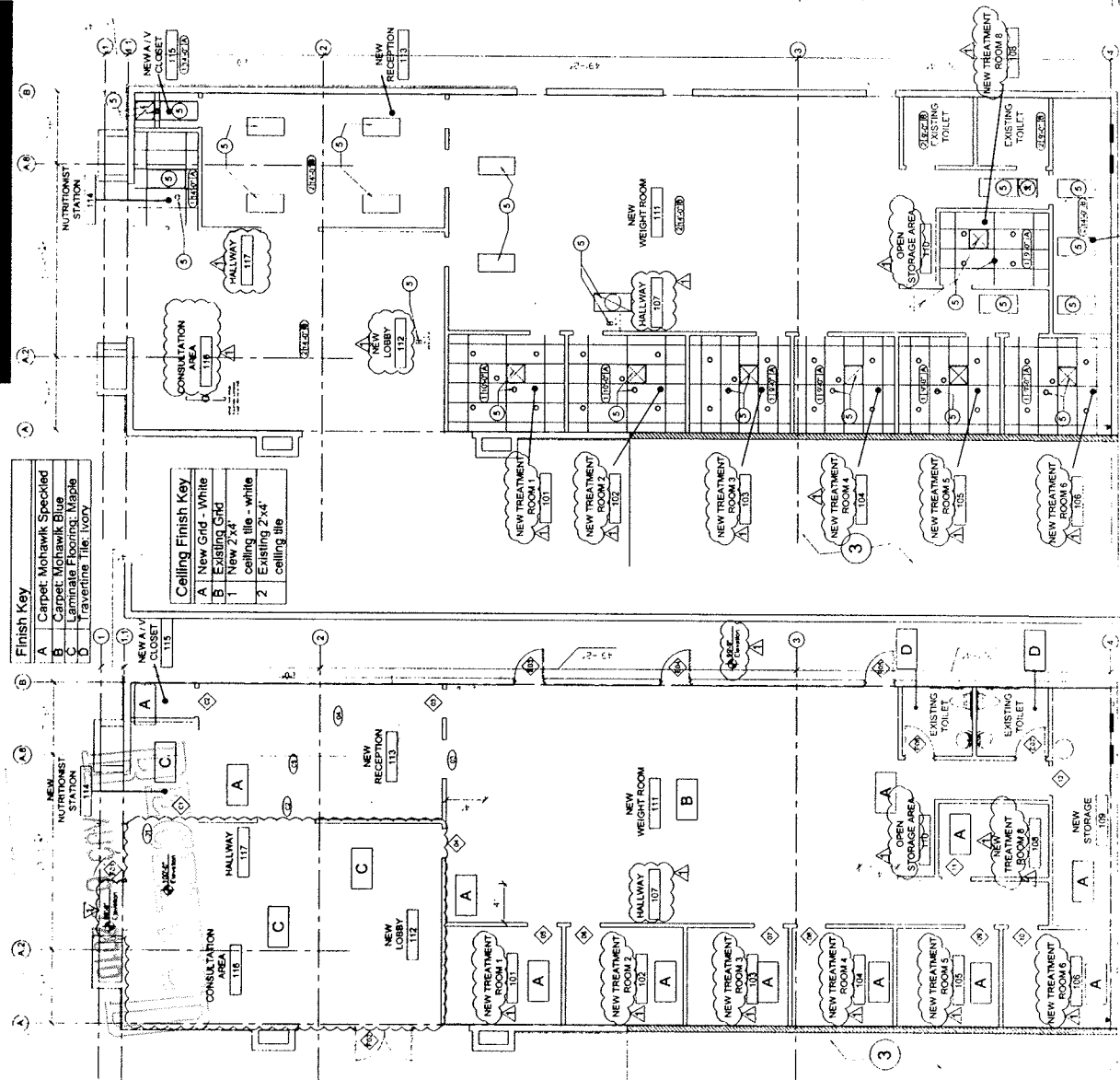
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1 EXISTING SITE PLAN
Scale: 1" = 1'-0"

EXISTING PARKING PLAN
Scale: 1/4" = 1'-0"

ENTIRE SHEET REVISED

SUP-39104



PROPOSED FLOOR FINISH PLAN
Scale: 1/8" = 1'-0"

2 PROPOSED RCP
Scale: 1/8" = 1'-0"

NORTH

1 PROPOSED PLAN
Scale: 1/8" = 1'-0"

SUP-39104

AUG 05 2010

A-1.0

Sheet Number:

Drawing Name:
PROPOSED
Floor Plans

Project:

Physical Therapy
Office
950 S. Durango, # 120
Las Vegas, NV



Contractor:

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3710 W Desert Inn Rd
Las Vegas, NV 89102