



# DEPARTMENT OF PLANNING

## Application / Petition Form & Statement of Financial Interest

### Department Use

Case #
Meeting Date
Total Fee
Received By/Date

23-0589  
11/14/2023

**Case Type** (Special Use Permit, Rezoning, Variance, Site Development Plan Review, etc) Site Plan Review And Variance

**Project Address** (Location) 3270 N Buffalo Drive Las Vegas NV 89129

**Project Name** Buffalo medical **Proposed Use** Medical Office

**Assessor's Parcel #(s)** 138-10-403-027 **Ward #** \_\_\_\_\_

**General Plan:** Existing NMX-U Proposed n/a **Zoning:** Existing C-1 Proposed n/a

**Additional Information** \_\_\_\_\_

**Property Owner** Le Family Trvst LLC **Contact** n/a

**Address** 12129 Vista Linda Ave **City** Las Vegas **State** NV **Zip** 89138

**E-mail** n/a **Phone** \_\_\_\_\_

**Applicant** Le Family Trvst LLC **Contact** n/a

**Address** 12129 Vista Linda Ave **City** Las Vegas **State** NV **Zip** 89128

**E-mail** n/a **Phone** \_\_\_\_\_

**Representative** Kaempfer Crowell **Contact** Jennifer Lazovich

**Address** 1980 Festifal Plaza Drive #650 **City** Las Vegas **State** NV **Zip** 89135

**E-mail** apierce@kcnvlaw.com **Phone** 702-792-7048

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)** \_\_\_\_\_

**Partner(s)** \_\_\_\_\_

- I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies, false information or incomplete application may cause the application to be rejected. I further certify that I am the owner or purchaser (or option holder) of the property involved in the application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature below.
- Application will not be deemed complete until the submitted materials have been reviewed by Department of Planning for consistency with the Zoning Ordinance.

**Property Owner Signature** [Signature]

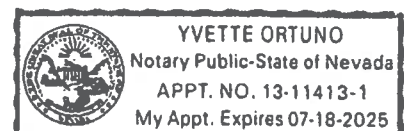
An authorized agent may sign in lieu of the property owner for Final Maps, Tentative Maps and Parcel Maps

**Print Name** Brian B

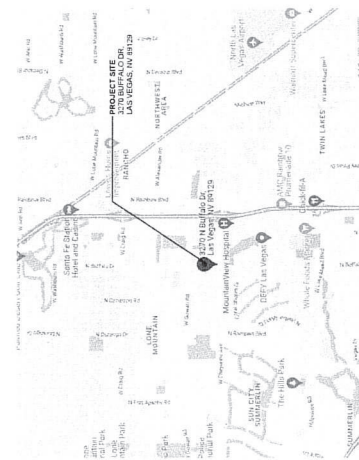
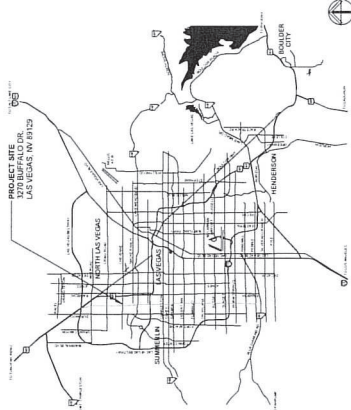
Subscribed and sworn before me

This 06 day of November 2023

Notary Public in and for said County and State



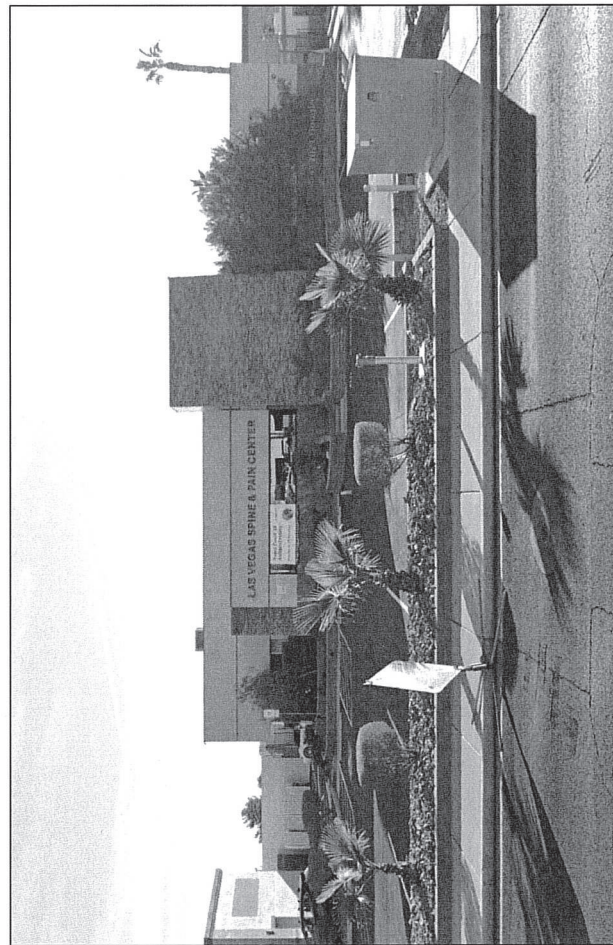
## 3270 BUFFALO DR. LAS VEGAS, NV 89129



## AREA MAP

VICINITY MAP

SITE DEVELOPMENT REVIEW REVISION #1:  
NOVEMBER 13, 2023



**SHEET INDEX:**

- SDR.1 COVER
- SDR.2 ARCHITECTURAL SITE PLAN
- SDR.3 OVERALL FLOOR PLAN
- SDR.4 FLOOR PLAN
- SDR.5 ELEVATIONS & WALL DETAILS
- SDR.6 LANDSCAPE

**PERMIT**[illegible]

Sheet Title  
**COVER SHEET**

Date: 8/1/2023  
Sheet No:

SDR.1

23-0589  
12/14/2023



CROSS CONSTRUCTION  
151 LAUREN COMPANY  
LAS VEGAS, NV 89129  
702.735.1111

PLEASE RECYCLE  
PROJECT  
BUFFALO MEDICAL  
OFFICE EXPANSION

3270 BUFFALO DR  
LAS VEGAS, NV 89129

JOB NO. PROJECT #  
DR LE

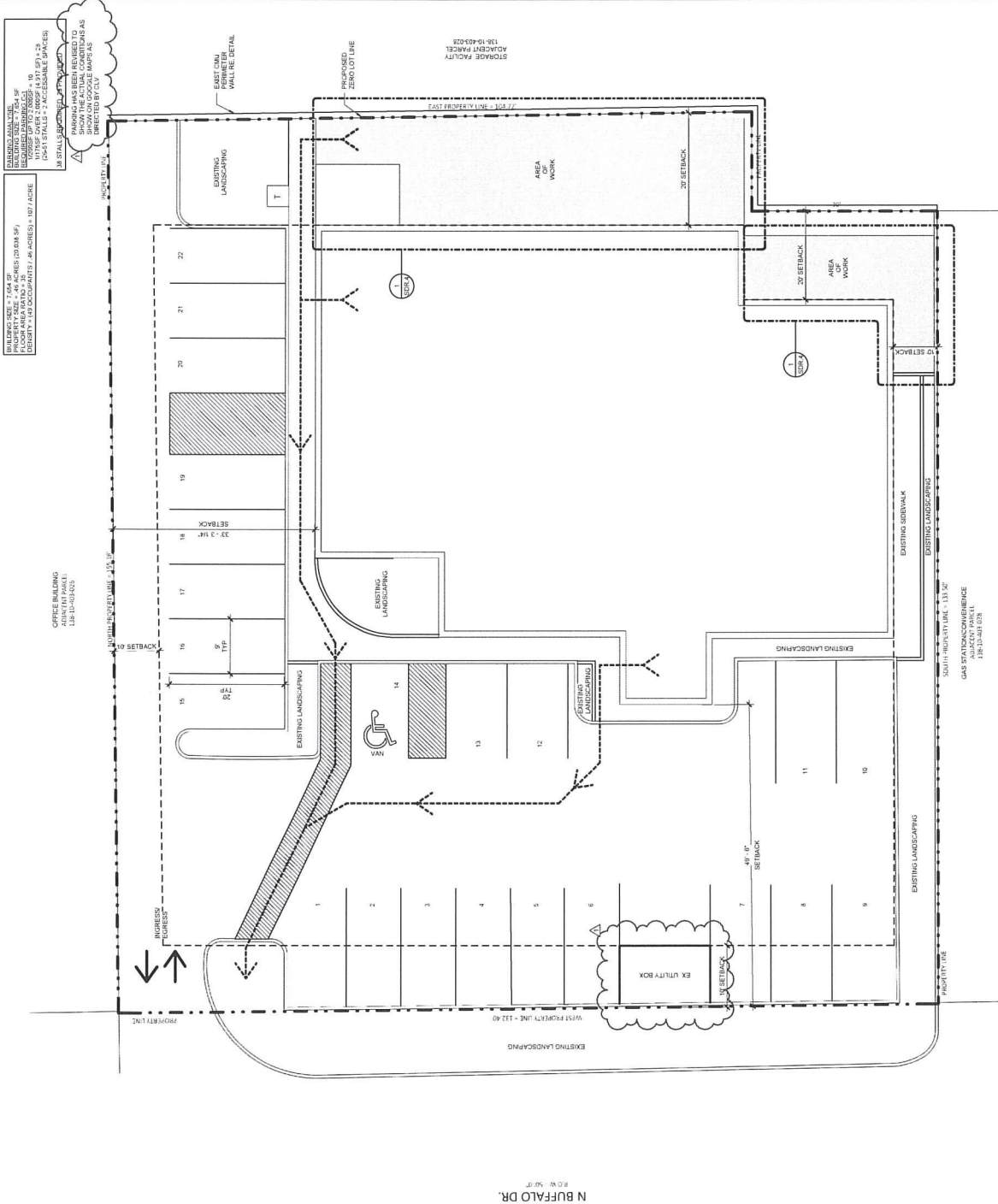
PERMIT

REV	DATE	DESCRIPTION
1	11/15/23	ISSUED FOR PERMIT

Sheet Title  
ARCHITECTURAL  
SITE PLAN

Date: 01/10/23  
Sheet No.

SDR.2



1 SITE PLAN  
SCALE: 1/8" = 1'-0"

23-0589  
12/14/2023





1 SOUTH ELEVATION FOR LANDSCAPE

SCALE: 1/2" = 1'-0"



2 WEST ELEVATION FOR LANDSCAPE

SCALE: 1/2" = 1'-0"



3 NW ELEVATION FOR LANDSCAPE

SCALE: 1/2" = 1'-0"

PERMIT

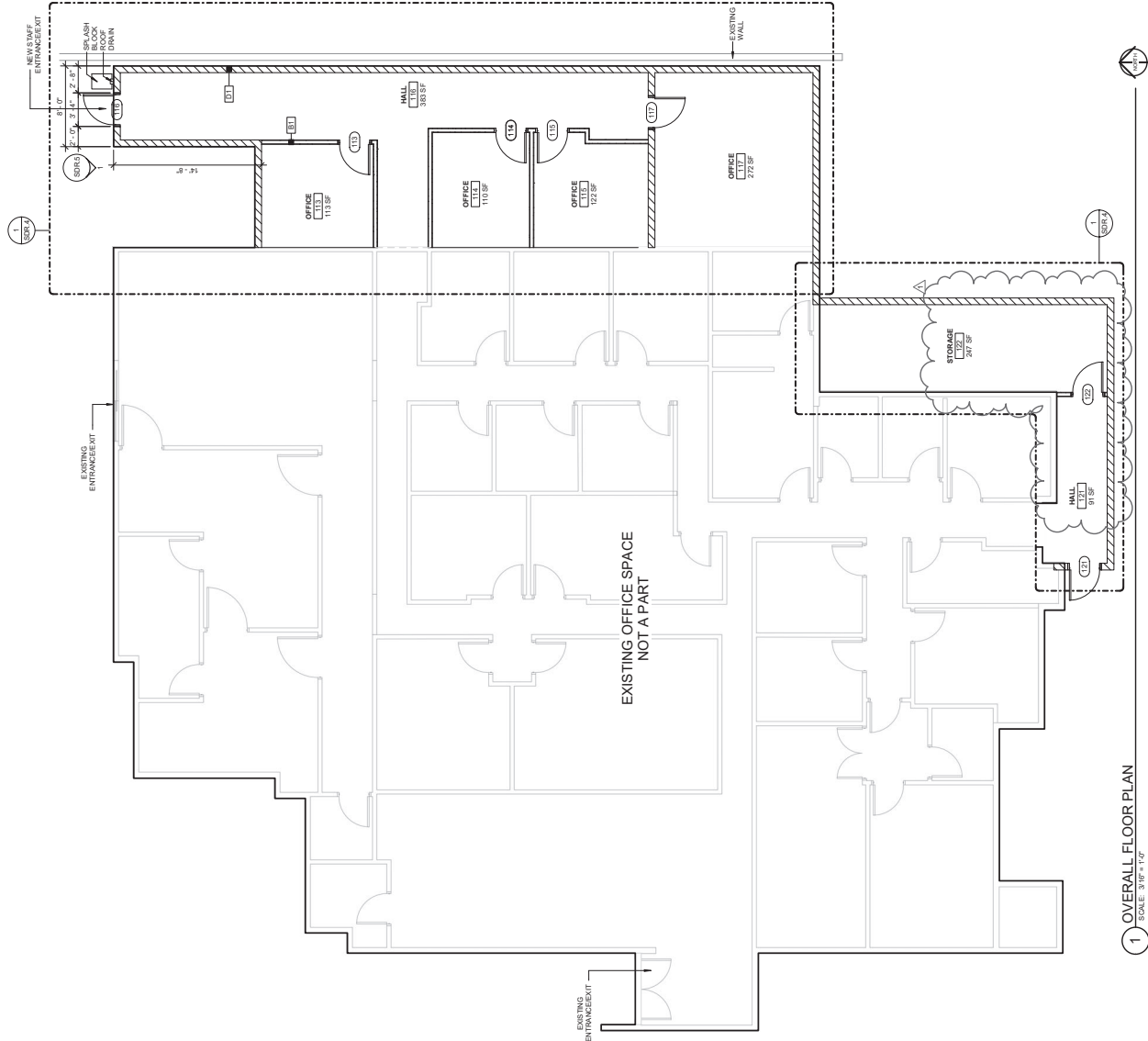
REVISIONS	
REV	DATE DESCRIPTION

Sheet Title  
**LANDSCAPE**

**PERMIT**

REV	DATE	DESCRIPTION
1	11/14/23	SDR COMMENTS

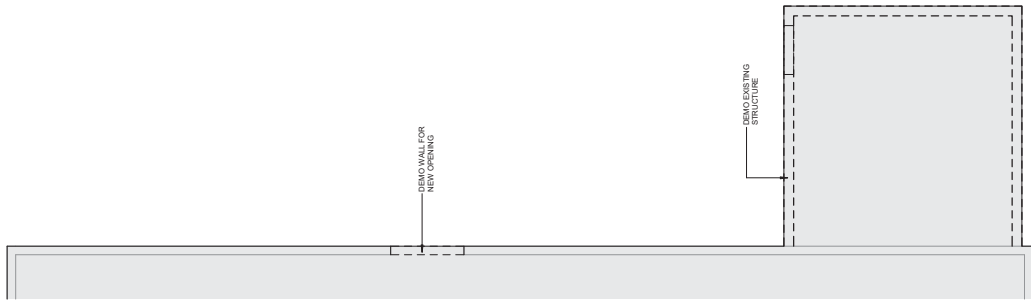
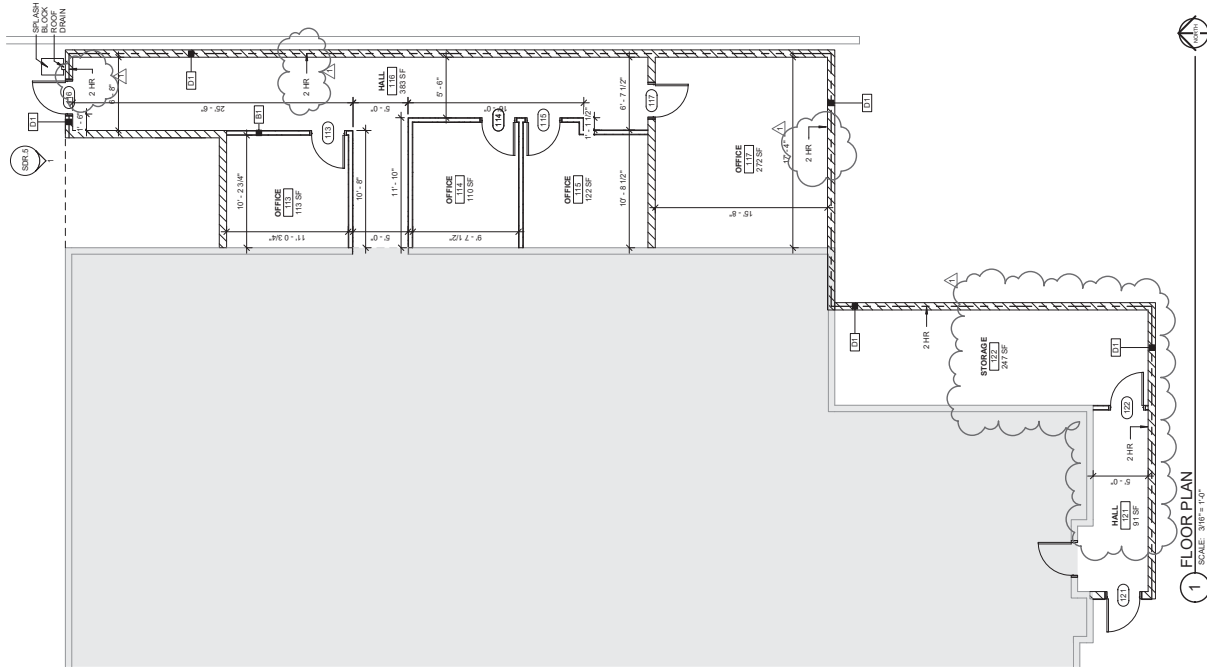
Sheet Title  
**OVERALL FLOOR  
PLAN**



**PERMIT**

REV	DATE	DESCRIPTION
1	11/14/23	SDR COMMENTS

Sheet Title  
**FLOOR PLAN**



**SOUTHERN NEVADA BUILDING OFFICIALS**  
 REGIONAL STANDARDS

2018 IBC

**Client:** Cross Construction Company  
**Project:** Buffalo Medical Office Expansion  
**Location:** 3270 Buffalo Dr, Las Vegas, NV 89129

**Design:** Cross Construction Company  
**Drawn By:** [Name]  
**Checked By:** [Name]  
**Approved By:** [Name]

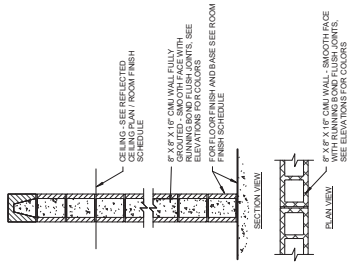
**PERMITS:** [Status]  
**DATE:** [Date]  
**BY:** [Name]

**REVISIONS:**

NO.	DATE	DESCRIPTION
1	11/15/23	ISSUED FOR PERMIT

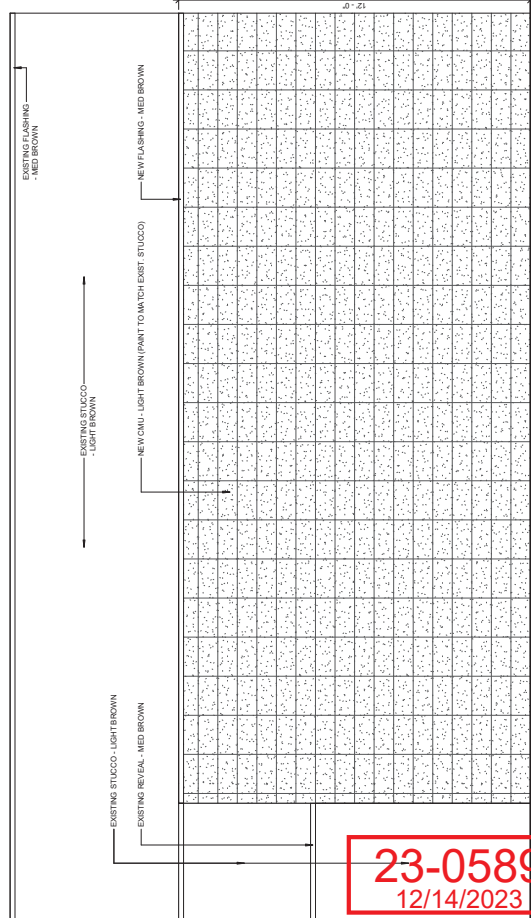


**5 ELEVATION FOR COLORS**  
 SCALE: 1/8" = 1'-0"

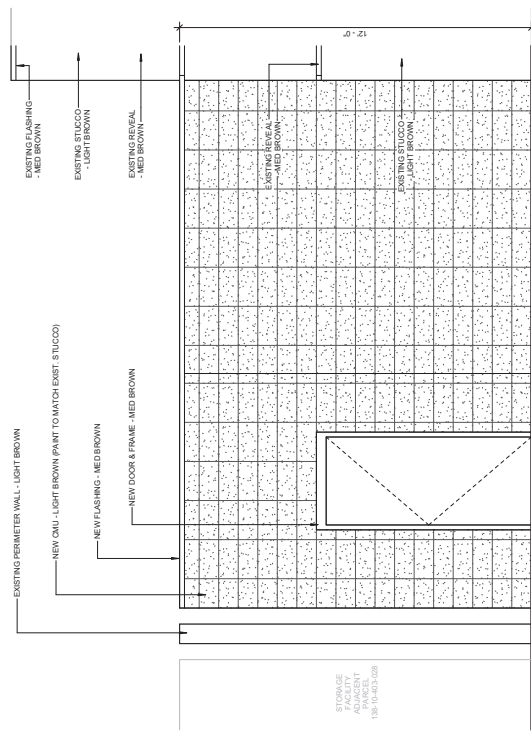


**4 WALL TYPE D1 - FULL HEIGHT**  
 SCALE: 3/4" = 1'-0"

**3 B-100-1 - EXISTING PERIMETER WALL DETAIL**  
 SCALE: 3/4" = 1'-0"



**2 SOUTHELEVATION**  
 SCALE: 1/2" = 1'-0"



**1 NORTH ELEVATION**  
 SCALE: 1/2" = 1'-0"

**PERMIT**

NO.	DATE	DESCRIPTION
1	11/15/23	ISSUED FOR PERMIT

**BUILDING ELEVATIONS & EXISTING WALL DETAIL**

**SDR.5**

**PLEASE RECYCLE**

**Project:**  
**BUFFALO MEDICAL OFFICE EXPANSION**  
**3270 BUFFALO DR**  
**LAS VEGAS, NV 89129**  
**Job No: PROJECT #**  
**Owner:**  
**DR LE**