

VENICE NEIGHBORHOOD COUNCIL

Land Use and Planning Committee

B. PROJECT INFORMATION FORM --To Be Used for Projects less than 7,500 square feet

INSTRUCTIONS TO APPLICANT:

1. Please E-mail this form with an electronic copy of your plans, preferably in PDF format, TEN days prior to your meeting date to lupc@grvnc.org. This form will assist the LUPC in evaluating you project.

If LUPC does not receive these documents on or prior to 10 days before your meeting date, your project/issue will be postponed until the next available LUPC meeting.
2. Bring to the meeting TEN copies of your plans and renderings for The Committee. You may wish to bring additional copies for the audience.
3. The applicant is expected to outreach to residents and commercial enterprises within 500 feet of the project announcing the date of the LUPC hearing of the project and inviting public comment.

1. PROJECT INFORMATION

Today's Date _____	Meeting Date <u>Feb. 27, 2008</u>
Project Location <u>542-568 S. Venice Boulevard</u>	Cross Streets <u>Washington Way, Abbot Kinney</u>
Applicant Name <u>RAD Ventures</u>	
Presenter Name <u>Robert D'Elia</u>	

2. PROJECT DESCRIPTION (General Description)

Tear down existing apartment containing 28 units spanning 9 lots and replace with 18 detached Single Family Homes.

3. PROJECT BACKGROUND

Yes No

Is Project located in the Venice Coastal Zone? x _____

If Yes, in which Venice Specific Plan Sub-area Southeast Venice

In which of the following Venice Coastal Zone areas is your Project located? (please check)

Venice Coastal Zone Specific Plan Area x Dual Jurisdiction Zone _____

Status of Project (Select A or B)

 x A. Project is at a Preliminary/ Exploratory development state

_____ B. Project Submitted to the City: Application Date _____

Application Number _____

If you have a City Planning Hearing Date – please enter the date and location:

Date: _____

Location: _____

Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? No

Yes If No, what Conditional Use, Variance, Venice Specific Plan Exceptions or Other Discretionary Actions are you requesting?

Requesting variance in height from 30' to 35' only in center portions of the structures which are setback an additional 10' from the existing 15' setback.

4. ZONING

What is the Current zoning? R3-I-O Proposed zoning? _____

Is the Project compliant with the Community Plan Map? Yes No

Is the location on a Venice Specific Plan Walk Street? Yes No

5. TYPE OF BUILDING

Business Single Family Mixed Use (Business/Residential)

Apartments: Units Permitted Units Proposed

Condos: Units Permitted Units Proposed

Other – please explain: _____

Will the property be Owner Occupied? Yes No

6. SIZE

Lot dimensions 18 lots
aprox40x60 Square footage of the lot 2,400ea, 43,200 aprox tot.

Improvements: Square footage permitted? 64,800 Square footage proposed? 43,000

Floor Area Ratio (FAR/Commercial): FAR permitted 1.5:1 FAR proposed 1:1

7. HEIGHT

Maximum Height Permitted 25'flat roof
30' varied Height Proposed 35' with
roofline varied
roofline

Number of Stories 3 Basements or underground parking? Yes No x

8. SETBACKS

	Required	Proposed
Front	<u>15</u> <u>4</u>	<u>15</u>
Side	<u>(10%width)</u>	<u>0-5</u>
Rear	<u>15</u>	<u>15</u>

9. PARKING

Number of parking spaces Required 2ea Proposed 2ea
Is the parking? On Site x Off Site On & Off Site
Is Valet parking provided? Yes No x
Number of Spaces: Standard 2 Compact
Configuration: Side by Side x Single Tandem
Is Beach Impact Zone Parking required? Yes No x
If Yes, what are the number of parking spaces required
Will your Project result in a loss of on-street parking? Yes No x

10. TRAFFIC

Have you prepared a traffic study? Yes No x If Yes, please attach a copy.
Has the traffic study been reviewed by the Dept. of Transportation? Yes No
If yes, please attach their findings.

11. AFFORDABLE / LOW COST HOUSING COMPONENT

Are you providing Affordable Housing / Low Cost Housing? Yes x No
Is it required by the Venice Specific Plan and/or Mello Act? Yes x No

Described how the units are being provided: No. of Units: _____ For Sale 10 Rental?

Are the units provided: On Site: _____ Off Site: x On/Off Site _____

12. ENVIRONMENTAL

Is an Environmental Impact Report (EIR) required? Yes ___ No x If Yes, please attach a copy.

13. BUSINESS INFORMATION

Name of business: N/A

Type of business: _____

Hours of operation: _____

Hours of delivery? _____

Will liquor be sold? Yes _____ No _____

14. CONTACT INFORMATION

Company Name RAD Ventures, LLC

Contact Name Yuval Chiprut

Mailing Address 3110 Main Street #400

City, State, Zip Santa Monica, CA 90405

Phone/FAX (310) 862-8600/(310)496-0272

E-Mail/Web Site 542venice@radventures.com

I certify that the information contained in this Project Information Form is complete and true.

Name (please print) Robert D'Elia

Signature _____