

# 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@VeniceNC.org](mailto:lupc@VeniceNC.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.

<b>1. PROJECT INFORMATION</b>
-------------------------------

Today's Date <u>March 3, 2008</u>	Meeting Date <u>March 5, 2008</u>
Project Location <u>630 E. Broadway</u>	Cross Streets _____
Applicant Name <u>Kirk Erskine</u>	
Presenter Name <u>Kirk Erskine</u>	

<b>2. PROJECT DESCRIPTION (General Description)</b>
---

Existing 8'-0" tall corrugated sheet metal fence to be replaced with new 8'-0" tall environmentally conscious fence which will incorporate several materials such as rubble rock, horizontal wood slats and screened metal sliding gate to create a multi layered impression with ground cover to soften the wall and dress up the exterior.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>3. PROJECT BACKGROUND</b>
------------------------------

Yes  No

Is Project located in the Venice Coastal Zone? \_\_\_\_\_

Oakwood Subarea \_\_\_\_\_

If Yes, in which Venice Specific Plan Sub-area \_\_\_\_\_

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

XXX

Venice Coastal Zone Specific Plan Area \_\_\_\_\_ Dual Jurisdiction Zone \_\_\_\_\_

Status of Project (Select A or B)

\_\_\_\_\_ A. Project is at a Preliminary/ Exploratory development state  
XXX

\_\_\_\_\_ B. Project Submitted to the City: Application Date January 2008

If you have a City Planning Hearing Date – please enter the date and location: None as of yet  
 Date: \_\_\_\_\_  
 Location: Not Applicable

Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? XXX No          If No, what Conditional Use, Variance, Venice Specific Plan Yes         

Exceptions or Other Discretionary Actions are you requesting?

Request to permit over in height fence at 8'-0" in lieu of the 3'-6" maximum. This request would add to the security to the subject property and welfare of the occupants. There is too much criminal activity in this neighborhood that a 42" wall or hedge could provide.

**4. ZONING**

What is the Current zoning? Residential Proposed zoning? Residential  
         XXX  
 Is the Project compliant with the Community Plan Map? Yes          No           
         XXX  
 Is the location on a Venice Specific Plan Walk Street? Yes          No         

**5. TYPE OF BUILDING**

         Business XXX 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? XXX  
 Yes          No         

**6. SIZE**

Lot dimensions 40' x 140' Square footage of the lot 5183.6 sq. ft.  
 Improvements: Square footage permitted?          Square footage proposed? 40 Linear ft.           
 Floor Area Ratio (FAR/Commercial): FAR permitted          FAR proposed

### 7. HEIGHT

Maximum Height Permitted \_\_\_\_\_ Height Proposed \_\_\_\_\_ Not Applicable  
 28'-0"

Number of Stories: 1-Exist'g \_\_\_\_\_ Basements or underground parking? Yes \_\_\_\_\_  
 No XX

### 8. SETBACKS

	Required	Proposed
Front	15'-0"	NA
Side	4'-0"	NA
Rear	NA	NA

### 9. PARKING

Number of parking spaces Required 2 Proposed 0  
 XXX

Is the parking? On Site NA Off Site NA On & Off Site \_\_\_\_\_

Is Valet parking provided? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Spaces: Standard 1 Compact 1

Configuration: Side by Side \_\_\_\_\_ Single \_\_\_\_\_ Tandem XXX

Is Beach Impact Zone Parking required? Yes \_\_\_\_\_ No XX  
X

If Yes, what are the number of parking spaces required \_\_\_\_\_

Will your Project result in a loss of on-street parking? Yes \_\_\_\_\_ No XX  
X

### 10. TRAFFIC

Have you prepared a traffic study? Yes \_\_\_\_\_ No XX  
X If Yes, please attach a copy.

Has the traffic study been reviewed by the Dept. of Transportation? Yes \_\_\_\_\_ No XXX  
X  
 If yes, please attach their findings.

**11. AFFORDABLE / LOW COST HOUSING COMPONENT**

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

Described how the units are being provided: No. of Units: NA For Sale \_\_\_\_\_ Rental? \_\_\_\_\_  
Are the units provided: On Site: NA Off Site: \_\_\_\_\_ 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: Not a Business – Single Family Dwelling  
Type of business: Not a Business – Single Family Dwelling  
Hours of operation: NA  
Hours of delivery? NA  
Will liquor be sold? Yes \_\_\_\_\_ No XX  
X

**14. CONTACT INFORMATION**

Company Name KirkWorks  
Contact Name Kirk Erskine  
Mailing Address 8333 Regis Way  
City, State, Zip Westchester, CA 90045  
Phone/FAX 310-866-9114  
E-Mail/Web Site kirkworks@earthlink.net

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

Name (please print) Kirk Erskine

Signature Kirk Erskine