

Application Number _____

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

None
Date: _____

Location: None

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?

Conditional Use – Alcoholic Beverage _____

Coastal Development Permit _____

Project Permit _____

4. ZONING

What is the Current zoning? M-1-1-O Proposed zoning? Same

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 Irregular Square footage of the lot 2.17 acres

Improvements: Square footage permitted? NA Square footage proposed? NA

Floor Area Ratio (FAR/Commercial): FAR permitted NA FAR proposed NA

7. HEIGHT

Maximum Height Permitted NA Height Proposed NA
 Number of Stories NA Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
	<u>NA</u>	<u>NA</u>
Front	<u> </u>	<u> </u>
	<u>NA</u>	<u>NA</u>
Side	<u> </u>	<u> </u>
	<u>NA</u>	<u>NA</u>
Rear	<u> </u>	<u> </u>

9. PARKING

Number of parking spaces Required 104 Proposed four
 Is the parking? On Site X Off Site On & Off Site
 Is Valet parking provided? Yes No X
 Number of Spaces: Standard 2 Compact 2
 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 X
 If yes, please attach their findings.

11. AFFORDABLE / LOW COST HOUSING COMPONENT

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

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

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

12. ENVIRONMENTAL

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

13. BUSINESS INFORMATION

Name of business: Pam's Place

Type of business: Restaurant

Hours of operation: Everyday 11:00am – midnight

Hours of delivery? NA

Will liquor be sold? Yes No _____

14. CONTACT INFORMATION

Company Name TMG Solutions, Inc.

Contact Name Mr. Gregg Masini/Mr. Lanny Kusaka

Mailing Address 6733 S. Sepulveda Blvd., #265

City, State, Zip Los Angeles, CA 90045

Phone/FAX 310/337-7290 310/337-7294 fax

E-Mail/Web Site lanny@tmgolutions.net

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

Name (please print) _____

Signature _____