



Venice Neighborhood Council

Land Use and Planning Committee



PROJECT INFORMATION FORM

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 your project.
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.

1. PROJECT INFORMATION

Today's Date 9/12/06 Meeting Date _____

Project Location 718 OXFORD AVENUE Cross Streets _____

Applicant Name JOHN GENOVESE

Presenter Name GREG FLEWIN

Presenters' relationship to applicant: DESIGNER

Is this your initial appearance before the Committee? Yes No _____ If No, on what other day(s) _____

have you appeared? _____

2. PROJECT DESCRIPTION (General Description)

ENLARGE EXISTING ROOF DECK ACCESS ROOM TO

CREATE A THIRD FLOOR, 300 SQ FT., ROOM TO

AN EXISTING 2 STORY RESIDENCE W/ ROOF DECK

3. PROJECT BACKGROUND

Is the Project located in the Venice Coastal Zone? Yes No _____

If Yes, in which Venice Specific Plan Sub-area OXFORD TRIANGLE

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

Venice Coastal Zone Specific Plan Area Dual Jurisdiction Zone

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Status of Project (Select A or B)

A. Project is at a Preliminary/ Exploratory development state

B. Project Submitted to the City:

Application Date

1-11-06

Application Number

CPC 2006-213-SPE-ZAA

Have you posted your Application Notice?

Yes

No

If Yes, when & where?

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

Date:

2/21/06

Location:

FRONT YARD ON SIGN

Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? Yes No If No, what Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Actions are you requesting?

VSPE: TO ALLOW A 30 FT HIGH BUILDING IN LIEU OF 25'-0" LIMIT.

ZAA: TO MAINTAIN THE EXISTING 5'-0" SIDERYARDS IN

LIEU OF 6'-0" SIDERYARDS REQUIRED FOR A 30' HIGH BLDG.

Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception,

or Other Discretionary Action: SPE: THE LT BORDERS ON A HIGH RISE BUILDING AREX (MARINA DEL REY). THE ADDITION IS FOR A SMALL ROOM THAT DOES NOT AFFECT THE MASSING OF STRUCTURE & HAS LARGE SETBACKS @ PROPOSED THIRD FLOOR ADDITION

Was your Project presented to the immediate neighborhood?

Yes

No

If Yes, when 6/05-9/06 (date) and to whom NEIGHBORS ALONG OXFORD (SIGNED LETTER FORM)

If not presented, please explain:

4. ZONING

What is the Current zoning? R1-1

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

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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 50'x60' Square footage of the lot 3,000
Improvements: Square footage permitted? 2,776 Square footage proposed? 251
Floor Area Ratio (FAR/Commercial): FAR permitted _____ FAR proposed _____

7. HEIGHT

Maximum Height Permitted 25' Height Proposed 30'
Actual Physical Number of Stories, including basements, garages, and/or underground parking 3

8. SETBACKS

	Required	Proposed
Front	<u>5'-0"</u>	<u>20'-0"</u>
Side	<u>6'-0"</u>	<u>15'-4/22-7"</u>
Rear	<u>15'-0"</u>	<u>19'-0"</u>

Is there an easement(s)? Yes No If Yes, list the easement(s) _____

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9. PARKING

Number of parking spaces Required 2 Proposed SAME

Is the parking? On Site X Off Site On & Off Site

Is Valet parking provided? Yes No X

Number of Spaces: Standard 2 Compact 0

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.

What mitigation measure are you required to provide? NA

Are you providing any mitigations above and beyond what is required? Yes No

If Yes, please explain: NA

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

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If Yes, does the business have an active liquor license? Yes _____ No _____
How is liquor sold? On site consumption _____ Off site consumption _____
Type of liquor sold: Wine/beer only _____ Full liquor _____

14. CONTACT INFORMATION

Company Name N/A.
Contact Name JOHN GENOVESE
Mailing Address 718 OXFORD AVENUE
City, State, Zip MARINA DEL REY, CA 90292
Phone 310-245-1760
Fax 310-395-2791
E-Mail jngenovese@yahoo.com
Web Site _____

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

Name (please print) GREG FLEWIN
Signature Greg Flewin

-- For Committee Use Only --

Committee Action: