

GRASS ROOTS VENICE NEIGHBORHOOD COUNCIL
Planning and Zoning 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.com. This form will assist the LUPC in evaluating you 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 <u>11/30/05</u>	Meeting Date <u>01/04/06</u>
Project Location <u>3015 Ocean Ave.</u>	Cross Streets <u>Washington Blvd. And Grayson</u>
Applicant Name <u>Stephanie Cantor</u>	
Presenter Name <u>Jim McGlothlin (James F. McGlothlin AIA)</u>	
Architect/ consultant	
Presenters' relationship to applicant: _____	
X	
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)

An existing 4 unit building zoned (Q)C4-1-0 with a use permit for multi-family residential but used for the past 30 years (or so) for small, community-serving businesses. The 2 adjacent properties are similar, but have not been cited by the city for a use violation; however, we would like to discuss those as well with the neighborhood council.

3. PROJECT BACKGROUND

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

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

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

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

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

Application Number _____

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: _____

Location: _____

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?

The project, if changed to commercial use, would require more parking than is possible on the site; therefore, we would file a Variance application for a reduction in the number of required parking spaces. The situation for the adjacent 2 buildings is similar.

Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Action: _____
The buildings have housed small, community-serving businesses for many years and parking has not been an issue. These businesses are valued by the neighborhood and many are small professional offices which don't generate traffic.

Was your Project presented to the immediate neighborhood? Yes _____ No

If Yes, when _____ (date) and to whom _____

If not presented, please explain: _____

4. ZONING

(Q)C4-1-0

What is the Current zoning? _____ Proposed zoning? _____ No change

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

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

5. TYPE OF BUILDING

Business _____ Single Family _____ Mixed Use (Business/Residential) _____

_____ Apartments: _____ Units Permitted _____ Units Proposed

_____ Condos: _____ Units Permitted _____ Units Proposed

X Other – please explain: _____

Please see description above.

Will the property be Owner Occupied? Yes _____ No _____
 X

6. SIZE

Lot dimensions _____ 50'X100' _____ Square footage of the lot _____ 5,000

Improvements: Square footage permitted? _____ No change _____ Square footage proposed? _____ 3,402-
 _____ No change

Floor Area Ratio (FAR/Commercial): FAR permitted _____ No change _____ FAR proposed _____ No change

7. HEIGHT

Maximum Height Permitted _____ 24' +/- No change _____ Height Proposed _____ No change

Actual Physical Number of Stories, including basements, garages, and/or underground parking _____ 2 _____

8. SETBACKS

	Required	Proposed
Front	_____ 0 _____	_____ 5' +/- _____
Side	_____ 0 _____	_____ 3' +/- _____
Rear	_____ 0 _____	_____ 25' +/- _____

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

9. PARKING

Number of parking spaces Required _____ Proposed 4
Is the parking? On Site Off Site _____ On & Off Site _____
Is Valet parking provided? Yes _____ No
Number of Spaces: Standard 4 Compact 0
Configuration: Side by Side Single _____ Tandem _____
Is Beach Impact Zone Parking required? Yes _____ No _____
If Yes, what are the number of parking spaces required _____

Will your Project result in a loss of on-street parking? Yes _____ No _____

10. TRAFFIC

Have you prepared a traffic study? Yes _____ No 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? _____

Are you providing any mitigations above and beyond what is required? Yes _____ No _____
If Yes, please explain: _____

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 _____

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

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

If units are Off Site, what is the distance from the Coastal Zone?

12. ENVIRONMENTAL

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

How are you complying with the City requirement for landscaping in your project?

What measures have you considered for energy conservation (solar panels, passive solar, etc.)?

Have you considered using "green" building materials? Yes _____ No _____

Please explain any "Other" area(s) of energy conservation that you are incorporating in your project:

Will your project requiring grading? Yes _____ No X If Yes, and you are hauling 1,000 or more cubic yards of dirt off site, what is your haul route?

13. BUSINESS INFORMATION

Name of business: _____

Type of business: _____

Hours of operation: _____

Hours of delivery? _____

Will liquor be sold? Yes _____ No _____

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 James F. McGlothlin AIA

Contact Name Jim McGlothlin
28990 Pacific Coast Highway, Suite 114

Mailing Address _____

City, State, Zip Malibu, CA 90265
(310) 457-8613

Phone _____

Fax (310) 457-1788

E-Mail Jfm.tekt@gte.net
www.jamesmcglothlin.com

Web Site _____

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

Name (please print) James F. McGlothlin _____

Signature _____

-- For Committee Use Only --

Committee Action:

