



# 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](mailto: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 \_\_\_\_\_

Meeting Date \_\_\_\_\_

Project Location \_\_\_\_\_

Cross Streets \_\_\_\_\_

Applicant Name \_\_\_\_\_

Presenter Name \_\_\_\_\_

Presenters' relationship to applicant: \_\_\_\_\_

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)

---



---



---

### 3. PROJECT BACKGROUND

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

# Venice Neighborhood Council

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?

---

---

---

Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Action: \_\_\_\_\_

---

---

Was your Project presented to the immediate neighborhood? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, when \_\_\_\_\_ (date) and to whom \_\_\_\_\_

If not presented, please explain: \_\_\_\_\_

## 4. ZONING

What is the Current zoning? \_\_\_\_\_ 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 \_\_\_\_\_

# Venice Neighborhood Council

## 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 \_\_\_\_\_      Square footage of the lot \_\_\_\_\_

Improvements: Square footage permitted? \_\_\_\_\_      Square footage proposed? \_\_\_\_\_

Floor Area Ratio (FAR/Commercial): FAR permitted \_\_\_\_\_      FAR proposed \_\_\_\_\_

## 7. HEIGHT

Maximum Height Permitted \_\_\_\_\_      Height Proposed \_\_\_\_\_

Actual Physical Number of Stories, including basements, garages, and/or underground parking \_\_\_\_\_

## 8. SETBACKS

	Required	Proposed
Front	_____	_____
Side	_____	_____
Rear	_____	_____

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

# Venice Neighborhood Council

## 9. PARKING

Number of parking spaces      Required \_\_\_\_\_ Proposed \_\_\_\_\_

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

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

Number of Spaces:                      Standard \_\_\_\_\_ Compact \_\_\_\_\_

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 \_\_\_\_\_

    Is it required by the Venice Specific Plan and/or Mello Act?      Yes \_\_\_\_\_ No \_\_\_\_\_

# Venice Neighborhood Council

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 \_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_

# Venice Neighborhood Council

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 \_\_\_\_\_

<b>14. CONTACT INFORMATION</b>
--------------------------------

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Site \_\_\_\_\_

---

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

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

---

-- For Committee Use Only --

Committee Action: