

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

Date: 11-08-07

Location: West La

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

Exceptions or Other Discretionary Actions are you requesting?

3 Ft side yards in lieu of required 4 ft side yards.

4. ZONING

What is the Current zoning? RD-1.5 Proposed zoning? RD-1.5

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

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

5. TYPE OF BUILDING

 Business Single Family X 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 X

6. SIZE

Lot dimensions 25X 85 (2 lots) Square footage of the lot 4268.9 sq ft

Improvements: Square footage permitted? N/A Square footage proposed? 3,000 Each House

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

7. HEIGHT

Maximum Height Permitted 35 (sloping roofs) Height Proposed 35 (sloping roof)

Number of Stories 3 Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
Front	<u>12'-6"</u>	<u>12'-6"</u>
Side	<u>4'-0"</u>	<u>3'-0"</u>
Rear	<u>15'-0"</u>	<u>15'-0"</u>

9. PARKING

Number of parking spaces Required 2 Proposed 2

Is the parking? On Site 2 Off Site On & Off Site

Is Valet parking provided? Yes N/a No

Number of Spaces: Standard 1 Compact 1

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 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.

NOT APLICABLE , SINGLE FAMILY DWELLING

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 X If Yes, please attach a copy.

13. BUSINESS INFORMATION

Name of business: _____

Type of business: _____

Hours of operation: _____

Hours of delivery? _____

Will liquor be sold? Yes _____ No _____

14. CONTACT INFORMATION

Company Name Netarq design, llc

Contact Name Juan Garcia

Mailing Address 3149 S. Barrington Ave # F

City, State, Zip Los angeles CA 90066

Phone/FAX 310-866-6464 / fax 310-734-1724

E-Mail/Web Site _____

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

Name (please print) Juan Garcia

Signature juan Garcia-----