

VENICE NEIGHBORHOOD COUNCIL

Land Use and Planning Committee

B. PROJECT INFORMATION FORM --To Be Used for Projects less than 7,500 square feet

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 you project.

If LUPC does not receive these documents on or prior to 10 days before your meeting date, your project/issue will be postponed until the next available LUPC meeting.
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.
3. The applicant is expected to outreach to residents and commercial enterprises within 500 feet of the project announcing the date of the LUPC hearing of the project and inviting public comment.

1. PROJECT INFORMATION

Today's Date April 13, 2007 Meeting Date April 25, 2007
 Project Location 709 5th Ave Cross Streets 5th Ave & Rose Ave.
 Applicant Name Mark Baez
 Presenter Name Justin Michael Block, Esq.

2. PROJECT DESCRIPTION (General Description)

~~After the fact exception from Section 10.G.3.a of the Venice Specific Plan to permit a 2-story, 3-unit apartment building with a maximum height of 33.4 feet instead of 30 feet as permitted by the Specific Plan and a previous approval (APCW-2002-5556-CDP-ZAA-SPE-MEL). Project provides seven spaces in carport.~~

3. PROJECT BACKGROUND

Is Project located in the Venice Coastal Zone? Yes x No _____
 If Yes, in which Venice Specific Plan Sub-area Oakwood, Milwood, Southeast Venice
 In which of the following Venice Coastal Zone areas is your Project located? (please check)
 Venice Coastal Zone Specific Plan Area x Dual Jurisdiction Zone _____
 Status of Project (Select A or B)
 _____ A. Project is at a Preliminary/ Exploratory development state
x B. Project Submitted to the City: Application Date November 11, 2006

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

Date: 1) 4/23/07; 2) 6/6/07

Location: 1) Hearing Officer (WLA); 2) APC (WLA)

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?

Exception to the Venice Specific Plan

4. ZONING

What is the Current zoning? RD1.5-1

Proposed zoning? RD1.5-1

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: 3 Units Permitted 3 Units Proposed

Condos: Units Permitted Units Proposed

Other – please explain: Two-story, three-unit apartment building

is already existing on site pursuant to APCW-2002-5556-CDP-ZAA-SPE-MEL.

Will the property be Owner Occupied?

Yes No

6. SIZE

Lot dimensions 42' x 135'

Square footage of the lot 5,670 sq. ft.

Improvements: Square footage permitted?

n/a Square footage proposed? n/a

Floor Area Ratio (FAR/Commercial): FAR permitted

n/a FAR proposed n/a

7. HEIGHT

Maximum Height Permitted 30* Height Proposed 33.4*
Number of Stories 2 Basements or underground parking? Yes x No

**Please see Findings for clarification.

8. SETBACKS

	Required	Proposed	
Front	<u>n/a</u>	<u>n/a</u>	**Only issue pertains to the height of the structure.
Side	<u>n/a</u>	<u>n/a</u>	
Rear	<u>n/a</u>	<u>n/a</u>	

9. PARKING

Number of parking spaces Required 7 Proposed 7 existing on site

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

Is Valet parking provided? Yes No x

Number of Spaces: Standard 7 Compact

Configuration: Side by Side Single x 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 3 Rental?

Are the units provided: On Site: x 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: n/a

Type of business: n/a

Hours of operation: n/a

Hours of delivery? n/a

Will liquor be sold? Yes _____ No x

14. CONTACT INFORMATION

Company Name Law Offices of Alan Robert Block

Contact Name Justin Michael Block, Esq.

Mailing Address 1901 Ave. of the Stars, Suite 470

City, State, Zip Los Angeles, CA 90067

Phone/FAX t: (310) 552-3336; f: (310) 552-1850

E-Mail/Web Site justin@blocklaw.net

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

Name (please print) Justin Michael Block

Signature _____