

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.com. 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 11/27/06 Meeting Date 01/24/07
Project Location 2337 McKinley Ave., Venice 90291 Cross Streets Olive
Applicant Name P. Kevin Morris, Trustee
Presenter Name Angela Howard and Matthew Stone

2. PROJECT DESCRIPTION (General Description)

Applicant built a fence along the front property line of Applicant's residence.
Applicant seeks the Venice Neighborhood Council's approval of the fence. Applicant is
prepared to present to the VNC evidence of the neighborhood's predominant support of
the subject fence.

3. PROJECT BACKGROUND

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

If Yes, in which Venice Specific Plan Sub-area 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 7/24/06

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

Date: 10/5/06

A public hearing has already been held at the West Los Angeles Municipal Building.

Location: _____

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?

Applicant is currently seeking a Variance from the Department of City Planning, Office of Zoning Administration. As part of this process, the Department of Zoning Administration has asked Applicant to seek a recommendation from the Venice Neighborhood Council.

4. ZONING

What is the Current zoning? R-1-1-0 Proposed zoning? N/A

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

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

5. TYPE OF BUILDING

_____ Business X 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 X No _____

6. SIZE

Lot dimensions 80' x 93' Square footage of the lot 7,440

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 N/A

Height Proposed N/A

Number of Stories N/A

Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
Front	<u> N/A </u>	<u> N/A </u>
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 N/A Proposed N/A

Is the parking? On Site N/A Off Site N/A On & Off Site N/A

Is Valet parking provided? Yes N/A No N/A

Number of Spaces: Standard N/A Compact N/A

Configuration: Side by Side N/A Single N/A Tandem N/A

Is Beach Impact Zone Parking required? Yes N/A No N/A

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 N/A No N/A
If yes, please attach their findings.

11. AFFORDABLE / LOW COST HOUSING COMPONENT

Are you providing Affordable Housing / Low Cost Housing? Yes N/A No N/A

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

Described how the units are being provided: No. of Units: N/A For Sale N/A Rental? N/A
Are the units provided: On Site: N/A Off Site: N/A On/Off Site N/A

12. ENVIRONMENTAL

Is an Environmental Impact Report (EIR) required? Yes No 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 N/A No N/A

14. CONTACT INFORMATION

Company Name Barnes Morris Klein Mark Yorn Barnes & Levine
Contact Name Pamela Hicks
Mailing Address 1424 2nd St., Third Floor
City, State, Zip Santa Monica, CA 90401
Phone/FAX (310) 319-3990
E-Mail/Web Site phicks@bmkylaw.com

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

Name (please print) Pamela Hicks
Signature 