

Application Number _____

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? No If No, what Conditional Use, Variance, Venice Specific Plan Yes _____

Exceptions or Other Discretionary Actions are you requesting?

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 _____

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 _____

Number of Stories _____

Basements or underground parking? Yes _____ No _____

8. SETBACKS

Required

Proposed

Front _____

Side _____

Rear _____

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.

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 _____

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 ___ 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 _____

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 _____