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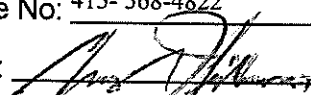
CITY OF LOS ANGELES  
DEPARTMENT OF CITY PLANNING

ENVIRONMENTAL ASSESSMENT FORM

EAF Case No.: \_\_\_\_\_ ZA Case No.: \_\_\_\_\_ CPC Case No.: \_\_\_\_\_  
Council District No.: 11 Community Plan Area: Venice  
PROJECT ADDRESS: 10 19th Ave, Venice CA 90291

Major Cross Streets: 19th Ave and Ocean Ave  
Name of Applicant: Glenn Hickerson  
Address: 19100 Old Winery Rd, Sonoma, CA, 95476  
Telephone No.: 415- 568-4822 Fax No.: \_\_\_\_\_ E-mail: ghickerson@jetworks.aero

OWNER

Name: Glenn Hickerson  
Address: 19100 Old Winery Rd, Sonoma, CA, 95476  
Telephone No: 415- 568-4822  
Signature: 

APPLICANT'S REPRESENTATIVE  
(Other than Owner)

Name: Steve Kaali ; Windrich Group  
(Contact Person)  
Address: 22148 Sherman Way Ste. #100, Canoga Park  
Telephone No: 818 795-7697  
Signature: \_\_\_\_\_  
(Applicant's Representative)

The following Exhibits are required (3 copies of each exhibit and 3 Environmental Assessment Forms for projects in Coastal & S.M. Mtn. Zones): All Exhibits should reflect the entire project, not just the area in need of zone change, variance, or other entitlement.

**NOTE: The exhibits are IN ADDITION TO those required for any case for which the Environmental Assessment Form is being filed.**

- A. **2 Vicinity Maps:** (8½" x 11") showing nearby street system, public facilities and other significant physical features (similar to road maps, Thomas Brothers Maps, etc.) with project area highlighted.
- B. **2 Radius/Land Use Maps:** (1" = 100') showing land use and zoning to 500 feet (100 feet of additional land use beyond the radius for alcoholic beverage cases); 100' radius line (excluding streets) okay for Coastal building permits 300' for site plan review applications.
- C. **2 Plot Plans:** showing the location and layout of proposed development including dimensions; include topographic lines where grade is over 10%; tentative tract or parcel maps where division of land is involved to satisfy this requirement, and the location and diameter of all trees existing on the project site.
- D. **Application:** a duplicate copy of application for zone change, (including Exhibit "C" justification) batch screening form, periodic comprehensive general plan review and zone change map, variance, conditional use, subdivider's statement, etc.
- E. **Pictures:** two or more pictures of the project site showing walls, trees and existing structures.
- F. **Notice of Intent Fee:** a check in the amount of \$25 made out to the **County of Los Angeles** for the purpose of filing a Notice of Intent to Adopt a Negative Declaration as required by § 15072 of the State CEQA Guidelines.

ENVIRONMENTAL ASSESSMENT	
APPROVED BY: _____	DATE: _____
APPLICATION ACCEPTED	
BY: _____	DATE: _____
RECEIPT NO.: _____	

**I. Project Description:**

Briefly describe the project and permits necessary (i.e., Tentative Tract, Conditional Use, Zone Change, etc.) including an identification of phases and plans for future expansion:

Applicant is requesting a Specific Plan Exception to allow the continued use and maintenance of an 11th unit of an approved 10 unit apartment building. The 11th unit does not have the required 1500 sq ft of lot area or required 2 parking spaces per unit as required in the Venice Coastal Specific Plan 11th unit has 479 sq ft and one parking space

Will the project require certification, authorization, clearance or issuance of a permit by any federal, state, county, or environmental control agency, such as Environmental Protection Agency, Air Quality Management District, Water Resources Board, Environmental Affairs, etc.? If so, please specify:

No

**II. Existing Conditions:**

- A. Project Site Area 5,270 sq ft  
Net and \_\_\_\_\_ Gross Acres \_\_\_\_\_
- B. Existing Zoning R3-1-O
- C. Existing Use of Land apartment building  
Existing General Plan Designation Medium Residential
- D. Requested General Plan Designation same
- E. Number 0 type \_\_\_\_\_ and age ± \_\_\_\_\_ of structures to be removed as a result of the project. If residential dwellings (apts., single-family, condos) are being removed indicate the: number of units: \_\_\_\_\_ and average rent: \_\_\_\_\_  
Is there any similar housing at this price range available in the area? If yes, where?  
\_\_\_\_\_
- F. Number 0 Trunk Diameter \_\_\_\_\_ and type \_\_\_\_\_ of existing trees.
- G. Number 0 Trunk Diameter \_\_\_\_\_ and type \_\_\_\_\_ of trees being removed (identify on plot plan.)
- H. Slope: State percent of property which is:  
X \_\_\_\_\_ Less than 10% slope \_\_\_\_\_ 10–15% slope \_\_\_\_\_ over 15% slope  
*If slopes over 10% exist, a topographic map will be required. Over 50 acres, 1" = 200' scale is okay.*
- I. Check the applicable boxes and indicate the condition on the Plot Plan. There are  natural or man-made drainage channels,  rights of way and/or  hazardous pipelines crossing or immediately adjacent to the property, or  none of the above.
- J. Grading: (specify the total amount of dirt being moved)  
X \_\_\_\_\_ 0-500 cubic yards.  
\_\_\_\_\_ if over 500 cubic yards. indicate amount of cubic yards.
- K. Import/Export: Indicate the amount of dirt being imported or exported No Grading Required

**Projects involving import/export of 1000 cubic yards or more are required to complete a Haul Route Form and Haul Route Map.**

If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Describe entire project, not just area in need of zone change, variance, or other entitlement.

III. Residential project (if not residential, do not answer)

- A. Number of Dwelling Units-  
Single Family \_\_\_\_\_ Apartment 11 \_\_\_\_\_ or Condominium \_\_\_\_\_
- B. Number of Dwelling Units with:  
One bedroom 11 \_\_\_\_\_ Two bedrooms \_\_\_\_\_  
Three bedrooms \_\_\_\_\_ Four or more bedrooms \_\_\_\_\_
- C. Total number of parking spaces provided 16 existing 1 proposed
- D. List recreational facilities of project none
- E. Approximate price range of units \$ 1500.00 to \$ 2000.00
- F. Number of stories 2, height 35 feet.
- G. Type of appliances and heating (gas, electric, gas/electric, solar) gas/electric  
Gas heated swimming pool? no
- H. Describe night lighting of the project none  
(include plan for shielding light from adjacent uses, if available)
- I. Percent of total project proposed for: Building 75  
Paving 25  
Landscaping 10
- J. Total Number of square feet of floor area 7600 building sq footage (e)

IV. Commercial, Industrial or Other Project (if project is only residential do not answer this section). Describe entire project, not just area in need of zone change, variance, or other entitlement.

- A. Type of use \_\_\_\_\_
- B. Total number of square feet of floor area \_\_\_\_\_
- C. Number of units if hotel/motel \_\_\_\_\_
- D. Number of stories \_\_\_\_\_ height \_\_\_\_\_ feet.
- E. Total number of parking spaces provided: \_\_\_\_\_
- F. Hours of operation \_\_\_\_\_ Days of operation \_\_\_\_\_
- G. If fixed seats or beds involved, number \_\_\_\_\_
- H. Describe night lighting of the project \_\_\_\_\_  
(Include plan for shielding light from adjacent uses, if available)
- I. Number of employees per shift \_\_\_\_\_
- J. Number of students/patients/patrons \_\_\_\_\_
- K. Describe security provisions for project \_\_\_\_\_
- L. Percent of total project proposed for: Building \_\_\_\_\_  
Paving \_\_\_\_\_  
Landscaping \_\_\_\_\_

Historic/Architecturally Significant Project

Does the project involve any structures, buildings, street lighting systems, spaces, sites or components thereof which may be designated or eligible for designation in any of the following: (please check)

- National Register of Historic Places \_\_\_\_\_
- California Register of Historic Resources \_\_\_\_\_
- City of Los Angeles Cultural Historic Monument. \_\_\_\_\_
- Within a City of Los Angeles Historic Preservation Overlay Zone (HPOZ) \_\_\_\_\_

### Hazardous Materials and Substance Discharge

Does the project involve the use of any hazardous materials or have hazardous substance discharge?  
If so, please specify. None

- A. Regulatory Identification Number (if known) N/A
- B. Licensing Agency N/A
- C. Quantity of daily discharge N/A

### VI. Stationary Noise Clearance: A clearance may be necessary certifying the project's equipment (e.g., air conditioning) complies with City Noise Regulations.

Some projects may require a Noise Study. The EIR staff will inform those affected by this requirement.

### VII. Selected Information:

- A. Circulation: Identify by name all major and secondary highways and freeways within 1,000 feet of the proposed project; give the approximate distance(s):  
\_\_\_\_\_
- B. Air: All projects that are required to obtain AQMD permits (see AQMD Rules and Regulations) are required to submit written clearance from the AQMD indicating no significant impact will be created by the proposed project.\*
- C. Noise: Projects located within 600 feet of railroad tracks indicate the number of trains per day:\*\*  
Day 7 AM-10 PM N/A  
Night 10 PM-7 AM N/A

### VIII. Mitigating Measures:

Feasible alternatives or mitigation measures which would substantially lessen any significant adverse impact which the development may have on the environment. Additional 11th unit does not add any mass or square footage to the building and the additional parking space is within the front court yard with decorative fencing and landscaping to minimize aesthetic impact.

\* Contact the South Coast Air Quality Management District at 572-6418 for further information.

\*\* For information, contact:

Southern Pacific Train Dispatcher	629-6569
Union Pacific Engineering	725-2313
Santa Fe Train Master	267-5546

APPLICANT/CONSULTANT'S AFFIDAVIT

OWNER MUST SIGN AND BE NOTARIZED;

IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED

I, Glenn L. Hickerson  
Owner (Owner in escrow)\*  
(Please Print)

Signed: [Signature]  
Owner

I, Steve Kach  
Consultant\*  
(Please Print)

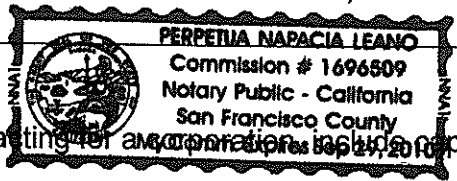
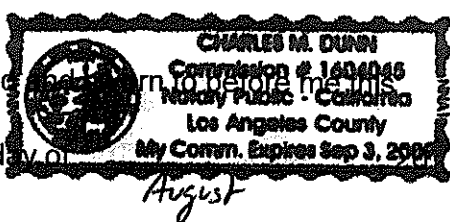
Signed: [Signature]  
Agent

being duly sworn, state that the statements and information contained in this Environmental Assessment Form are in all respects true and correct to the best of my knowledge and belief.

State of California, County and City of Los Angeles

Signed: [Signature]  
Notary  
  
Subscribed and sworn to before me this  
7<sup>th</sup> day of August, 2007  
(NOTARY OR CORPORATE SEAL)

Signed: [Signature]  
Notary  
  
Subscribed and sworn to before me this  
20<sup>th</sup> day of August, 2007  
(NOTARY)



\* If acting for an organization, include capacity and company name.