

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 your 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 _____	Meeting Date <u>11/7/2007</u>
Project Location <u>1305 Abbot Kinney Blvd.</u>	Cross Streets <u>Santa Clara</u>
Applicant Name <u>Carol Ahn</u>	
Presenter Name <u>Michael Teich</u>	

2. PROJECT DESCRIPTION (General Description)

CUP TO ALLOW THE SALE AND DISPENSING OF BEER AND WINE FOR ON SITE CONSUMPTION WITH FOOD, IN CONJUNCTION WITH A PROPOSED RESTAURANT ACCOMMODATING 40 SEATS WITHIN THE BUILDING. THE HOURS OF OPERATION FROM 10AM UNTIL 11PM EVERYDAY WITHIN THE C2-1-O-CA COMMUNITY COMMERCIAL ZONE.

3. PROJECT BACKGROUND

	Yes	No
Is Project located in the Venice Coastal Zone?	<u>X</u>	_____
If Yes, in which Venice Specific Plan Sub-area <u>NORTH VENICE</u>		

In which of the following Venice Coastal Zone areas is your Project located? (please check)

Venice Coastal Zone Specific Plan Area <u>X</u>	Dual Jurisdiction Zone _____
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Status of Project (Select A or B)

<u> </u> A. Project is at a Preliminary/ Exploratory development state	
<u> x </u> B. Project Submitted to the City:	Application Date <u>JULY 19, 2007</u>
	Application Number <u>ZA 2007-3442 (CUB)</u>

If you have a City Planning Hearing Date – please enter _____

the date and location:

Date: OCT. 25, 2007

Location: WEST L.A. MUNICIPAL BUILDING (1645 CORINTH AVE.)

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?

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4. ZONING

What is the Current zoning? C2-1-O-CA Proposed zoning? SAME

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

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

5. TYPE OF BUILDING

X 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 X No

6. SIZE

Lot dimensions 84.68'X40' Square footage of the lot 3,389.2 SQ/FT

Improvements: Square footage permitted? EXTG Square footage proposed?

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

7. HEIGHT

Maximum Height Permitted N/A Height Proposed N/A
Number of Stories ONE Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
Front	<u> </u>	<u> </u>
Side	<u> </u>	<u> </u>
Rear	<u> </u>	<u> </u>

9. PARKING

Number of parking spaces Required 12 Proposed 10
Is the parking? On Site X Off Site On & Off Site
Is Valet parking provided? Yes X No
Number of Spaces: Standard ALL Compact
Configuration: Side by Side Single Tandem X
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 X No If Yes, please attach a copy.
Has the traffic study been reviewed by the Dept. of Transportation? Yes X 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 X If Yes, please attach a copy.

13. BUSINESS INFORMATION

Name of business: SPOON RESTAURANT

Type of business: RESTAURANT

Hours of operation: 10AM-11PM

Hours of delivery? MORNING

Will liquor be sold? Yes X No _____ BEER & WINE ONLY

14. CONTACT INFORMATION

Company Name _____

Contact Name CAROL AHN/ MICHAEL TEICH

Mailing Address 11927 CULVER BLVD. #6

City, State, Zip LOS ANGELES, CA 90066

Phone/FAX 213-219-0058/ 310-463-6940

E-Mail/Web Site CAROLAHN77@YAHOO.COM/ MBTEICH@YAHOO.COM

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

Name (please print) _____ CAROL AHN/ MICHAEL TEICH _____

Signature _____