

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	May 1, 2008	Meeting Date	May 28, 2008
Project Location	1697 Pacific Avenue	Cross Streets	17 th Avenue
Applicant Name	Marina Pacific Hotel & Suites, LLC		
Presenter Name	Clare Bronowski, Esq. Christensen, Glaser, et. al.		

2. PROJECT DESCRIPTION (General Description)

Upgrading of alcohol license from beer and wine to a full line of alcoholic beverages with service of alcohol in ground floor café, room service and on roof top deck. No new construction or expansion will occur on premises.

3. PROJECT BACKGROUND

	Yes	X	No	
Is Project located in the Venice Coastal Zone?				
If Yes, in which Venice Specific Plan Sub-area	North Venice/Venice Canals			

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)

<input checked="" type="checkbox"/>	A. Project is at a Preliminary/ Exploratory development state		January 29, 2008
<input type="checkbox"/>	B. Project Submitted to the City:	Application Date	
		Application Number	APCW 2008 317 SPE CUB CDP SPP

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

Date: N/A

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? The project is requesting a CUB for full line alcohol service; the project is also requesting an exception from the Venice Specific Plan to allow food and beverage service on 1700 square foot roof deck of the hotel without additional parking spaces (in lieu of the required seventeen (17) parking spaces). The hotel provides 89 parking spaces on site with valet parking.

4. ZONING

What is the Current zoning? C2-1-CA 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 _____

5. TYPE OF BUILDING

_____ Business _____ Single Family _____ Mixed Use (Business/Residential)
_____ Apartments: _____ Units Permitted _____ Units Proposed
_____ Condos: _____ Units Permitted _____ Units Proposed
 Other – please explain: Existing Hotel

Will the property be Owner Occupied? Yes _____ No

6. SIZE

Lot dimensions 71' x 315' Square footage of the lot 28,052 square feet
Improvements: Square footage permitted? N/A Square footage proposed? 1700 square feet
Floor Area Ratio (FAR/Commercial): FAR permitted 1.5:1 FAR proposed N/A

7. HEIGHT

Maximum Height Permitted N/A Height Proposed N/A
Number of Stories 6 Basements or underground parking? Yes X No

8. SETBACKS

N/A
Required Proposed
Front
Side
Rear

9. PARKING

Number of parking spaces Required 17 Proposed 0 (for roof deck)
Is the parking? On Site X Off Site On & Off Site
Is Valet parking provided? Yes X No
Number of Spaces: Standard 89 Compact
Configuration: Side by Side Single 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
If yes, please attach their findings. Parking study was included with application demonstrating additional parking demand of roof deck can be accommodated on site.

11. AFFORDABLE / LOW COST HOUSING COMPONENT

N/A

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: Best Western Marina Hotel & Suites

Type of business: Hotel

Hours of operation: 24 hrs. / 7 days per week

Hours of delivery? N/A

Will liquor be sold? Yes No _____

14. CONTACT INFORMATION

Company Name Marina Pacific Hotel & Suites, LLC

Contact Name Clare Bronowski, Esq.

Mailing Address 10250 Constellation Blvd., 18th Floor

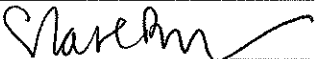
City, State, Zip Los Angeles, CA 90067

Phone/FAX 310-282-6254/310-556-2920

E-Mail/Web Site cbronowski@chrisglase.com

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

Name (please print) _____

Signature  _____