

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 OCT 5, 08 Meeting Date OCT 22, 08
Project Location 1711-1717 LINCOLN BLVD. Cross Streets LINCOLN/SUPERBA
Applicant Name GERALD MILNE
Presenter Name ANNETIE VAIT

2. PROJECT DESCRIPTION (General Description)

CHANGE OF USE FROM RETAIL BACK TO RESTAURANT FOR 2400 SQ. FT BLDG. WITH SEATING FOR 45 AND OPERATING FROM 10AM - 10PM SUNDAY - THURSDAY AND 10AM - 12AM FRIDAY AND SATURDAY AND SERVING A FULL LINE OF ALCOHOL. RELIEF FROM VENICE SPECIFIC PLAN FOR 2 PARKING SPACES INSTEAD OF 2 PLUS THE 11 GRANDFATHERED SPACES. PERMISSION FOR PIANO ENTERTAINMENT.

3. PROJECT BACKGROUND

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

If Yes, in which Venice Specific Plan Sub-area WALK STREETS

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 1/25/08

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

Date: OCT 31, 08

Location: 1645 CORINTH AVE, 2ND FLOOR HEARING ROOM, LA, 90025

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?

PARKING EXCEPTION, CHANGE OF USE RETAIL TO RESTAURANT, CUB FOR FULL LINE ALCOHOL, PIANO ENTERTAINMENT

4. ZONING

What is the Current zoning? RETAIL Proposed zoning? RESTAURANT

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 85 x 40 Square footage of the lot 3345

Improvements: Square footage permitted? 0 Square footage proposed? 0

Floor Area Ratio (FAR/Commercial): FAR permitted 1.5 FAR proposed < 1

7. HEIGHT

Maximum Height Permitted 3 STORY Height Proposed 1 STORY

Number of Stories 1 Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
Front	_____	<u>NO CHANGE</u>
Side	_____	<u> </u>
Rear	_____	<u> </u>

9. PARKING

Number of parking spaces Required 2 Proposed 0

Is the parking? On Site _____ Off Site X On & Off Site _____

Is Valet parking provided? Yes _____ No X

Number of Spaces: Standard 0 Compact 0

Configuration: Side by Side N/A 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 X No _____

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 _____
If yes, please attach their findings.

11. AFFORDABLE / LOW COST HOUSING COMPONENT

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

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

Described how the units are being provided: No. of Units: N/A For Sale _____ Rental? _____

Are the units provided: On Site: N/A 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: WITZEND

Type of business: RESTAURANT

Hours of operation: 10AM-10PM SUN-THURS; 10AM-12AM FRI AND SAT.

Hours of delivery? N/A

Will liquor be sold? Yes X No _____

14. CONTACT INFORMATION

Company Name WITZEND

Contact Name GERALD MILNE

Mailing Address 1711 LINCOLN BLVD.

City, State, Zip VENICE CA 90291

Phone/FAX 310 702-6765

E-Mail/Web Site JEBBWITANIMATION.COM

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

Name (please print) GERALD MILNE

Signature _____