## VENICE NEIGHBORHOOD COUNCIL

### Land Use and Planning Committee

# A. PROJECT INFORMATION FORM —-----To Be Used for Projects Equal to or Greater 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 <u>lupc@grvnc.org</u>. 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						
T. FROJECT IN O						
Today's Date	10/29/07				Meeting Date	11/07/07
						Victoria Ave.
Project Location	2201 Lincoln Blvd				Cross Streets	
Applicant Name	Nestor Saporiti					
Presenter Name	Patrick E. Panzarello					
Presenters' rela	ationship to applicant:	Agent				
			Х			
Is this your initial appearance before the Yes N Committee?			No	If No, on what other day(s)		
have you appeared?						
		operintion)				
Z. PROJECT DESC	RIPTION (General De	escription				
Conditional Use to allow alcohol sales in conjunction with two restaurant						
· · ·						
Change of use from	residence to a coffee	café.				

3. PROJECT BACKGROUND

Is the Project located in the Venice Coastal Zone?	X Yes No			
If Yes, in which Venice Specific Plan Sub-area _				
In which of the following Venice Coastal Zone areas is X	your Project located? (please check)			
Venice Coastal Zone Specific Plan Area	Dual Jurisdiction Zone			
Status of Project (Select A or B)				
A. Project is at a Preliminary/ Exploratory d	evelopment state			
X B. Project Submitted to the City:	11/01/06 Application Date			
	ZA 2006-9368 Application Number			
Have you posted your Application Notice?	Yes No If Yes, when & where?			
10/29/07 At 2201 Lincoln Blvd.				
If you have a City Planning Hearing Date – please enter	er the 11/08/07			
date and location: West LA	Date:			
Location:				
	hat Conditional Use, Variance, Venice Specific Plan			
Exception, or Other Discretionary Actions are you requ	Jesung?			
Please explain your justification for a Conditional Use,	Variance Vanice Specific Plan Exception			
or Other Discretionary Action: Conditional Use to allow alcohol sales in conjunction with two restaurant				
Change of use from residence to a coffee café.				
Was your Project presented to the immediate neighbo	X rhood? Yes No			
10/29/07	Shelly Macpherson			
If Yes, when (date) and to whom				
If not presented, please explain:	_			
4. ZONING C2-1	C2-1			
What is the Current zoning?	Proposed zoning?			
Is the Project compliant with the Community Plan Map	X ? Yes No			
Project Information	Form — Page 2 of 6			

		Х	
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         X       Restaurant / cafe         Other – please explain:				
Will the property be Owner Occupied?       Yes No				
6. SIZE				
190'x94'       17,860 sq. ft.         Lot dimensions       90'x94'         Improvements:       Square footage of the lot         17,860       17,860         Improvements:       Square footage permitted?         Square footage proposed?       sq. ft.         6,500       6,500 sq.         Floor Area Ratio (FAR/Commercial):       FAR permitted				
7. HEIGHT         25'         17'           Maximum Height Permitted         Height Proposed				
Actual Physical Number of Stories, including basements, garages, and/or underground parking				
8. SETBACKS				
Required Proposed 0' 0'				
Front				
Side				
0' 0' Rear				
X Is there an easement(s)? Yes No If Yes, list the easement(s)				

9. PARKING							
Number of parking spaces	Required	35	Proposed	44			
Is the parking?	On Site				On & Off S	Site	
Is Valet parking provided?	Yes _						
Number of Spaces: Configuration:	Standard				Tando	em	x
Is Beach Impact Zone Parking	required?	Yes	No	X	-		
If Yes, what are the numb	er of parking sp	aces re	equired				
Will your Project result in a los	s of on-street pa	arking?	Yes		X		
10. TRAFFIC							
Have you prepared a traffic stu	ıdy? Yes		X No	lf Yes,	please attac	ch a cop	
X Has the traffic study been reviewed by the Dept. of Transportation? Yes No No If yes, please attach their findings.							
What mitigation measure are y	ou required to p	orovide	?				
Are you providing any mitigatio V If Yes, please explain:	ons above and b Ve are providing				Yes et and parkir	X ng atter	_ No idants as
well as security.							
11. AFFORDABLE / LOW CO	ST HOUSING C		DNENT				
Are you providing Affordable H	U		0		/es	No	x 
Is it required by the Venice	Specific Plan ar			l	res	No	
	Project Info	ormatio	n Form —	– Pag	e 4 of 6		

Described how the units a	are being provided:	No. of Units:	For Sale	or Rental?	
	Are the units pro	vided: On Site:	Off Site:	On/Off Site	
If units are Off Site, what	is the distance from	the Coastal Zone	→? 		
12. ENVIRONMENTAL					
Is an Environmental Impa	ct Report (EIR) requ		< No If Yes, p	lease attach a copy.	
How are you complying w	ith the City requirem	ent for landscapi	ng in your project?		
Yes.					
What measures have you	considered for energy	gy conservation (	solar panels, passive	solar, etc.)?	
Solar panels are being co	nsidered				
Have you considered using "green" building materials? Yes X No Please explain any "Other" area(s) of energy conservation that you are incorporating in your project:					
X Will your project requiring grading? Yes <u>No</u> If Yes, and you are hauling 1,000 or more cubic yards of dirt off site, what is your haul route?					
13. BUSINESS INFORM	ATION Lincoln Uno Cente	. <b>.</b> .			
Name of business:		۲ 			
Type of business:	Restaurant / café				
Hours of operation:	Friday – Saturday. and 10 am to 2 am – Thursday 7 am t	2201 Lincoln Blv Friday – Saturda	Sunday – Thursday; a ⁄d 10 am to 12 am Sur ay. Café coffee shop a Saturday.	nday – Thursday;	
Hours of delivery?	None				

	Х					
Will liquor be sold?	Yes	No	_			
					Х	
If Yes, does the business	s have an active	e liquor lice	ense?	Yes	No	
			Х			
How is liquor sold?	On site cons	sumption		Off site consu	mption	
						Х
Type of liquor sold:	Wine/beer o	nly		Full liquor		

### 14. CONTACT INFORMATION

Company Name	Patrick E. Panzarello Consulting
Contact Name	Patrick E. Panzarello
Mailing Address	9111 Morning Glow Way
City, State, Zip	Sun Valley, CA 91352
Phone	(818) 351-0059
Fax	(818) 351-0060
E-Mail	PATPANZ@CA.RR.COM
Web Site	

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

Name (please print) Patrick E. Panzarello \_\_\_\_\_

Signature \_\_\_\_\_

-- For Committee Use Only --

Committee Action: