# 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:

 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.

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1. PROJECT INFO	RMATION		·	
Today's Date	10/12/07		Meeting Date	10/24/07
Project Location	585 E. North Venice Blvd.		Cross Streets	Abbot Kinney
Applicant Name	Frederick Sutherland			
Presenter Name	John Hamilton/Frederick Sutherland			
Presenters' rela	ationship to applicant: <u>Architect</u>			
Is this your initial app Committee?	pearance before the Yes X	No	lf No, on	what other day(s)
have you appeared?	>			
2. PROJECT DESC	CRIPTION (General Description)			
Convert original parking.	existing warehouse/retail building (	<u>3100 s</u>	s.f.) to restaur	ant, retail, and
Demolish potion	of existing warehouse addition buil	ding to	o create on-si	te on-grade
parking. (2,400 s	.f.)			

3. PROJECT BACKGROUND	
Is the Project located in the Venice Coastal Zone?	
If Yes, in which Venice Specific Plan Sub-area _	
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)	
XA. Project is at a Preliminary/ Exploratory d	levelopment state
B. Project Submitted to the City:	Application Date
	Application Number
Have you posted your Application Notice?	Yes No X If Yes, when & where?
If you have a City Planning Hearing Date – please ent date and location:	er the Date:
Location:	
Exception, or Other Discretionary Actions are you requ	nat Conditional Use, Variance, Venice Specific Plan uesting?
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Please explain your justification for a Conditional Use, or Other Discretionary Action:	<u></u>
Was your Project presented to the immediate neighbor If Yes, when (date) and to whom If not presented, please explain: Initial project	·
4. ZONING	
What is the Current zoning? M1-1-0	Proposed zoning?M1-1-O

Is the Project compliant with the Community Plan Map?	Yes _	X	No	
Is the location on a Venice Specific Plan Walk Street?	Yes		No	х

		· ·			
5. TYPE OF					
X Busi	ness	Single Family	Mixed Use (Business/Residential)		
Apa	rtments:	_ Units Permitted	Units Proposed		
Con	dos:	Units Permitted	Units Proposed		
Othe	er – please explain:				
Will the pro	perty be Owner Occ	upied?	Yes No		
6. SIZE					
U. 312E	139'-0" x				
Lot dimensi	ions <u>182'-10" irr.</u>	_	Square footage of the lot 22,480 s.f.		
Improvements: Square footage permitted? 11,240   Square footage proposed? 7,980s.f					
Floor Area	Ratio (FAR/Commer	cial): FAR permitted	d .5 to 1 FAR proposed .34		
7. HEIGHT	······································				
·					
Maximum H	leight Permitted	<u>30'</u> Heig	ht Proposed (e) 23' est.		
Actual Phys	sical Number of Stor	ies, including basem	ents, garages, and/or underground parking _1		
8. SETBAC					
U. OLIDAG					
	Required	Proposed			
Front	0, 0,	16' 10"			
Side	0, 0,	13' 6"			
Rear	0' 0"	27' 0"			
			If Yes, list the easement(s)		
Adjacent to	property are a RR e		est) and existing to remain public parking (South)		
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9. PARKING									
Number of parking spaces	Required	40	Proposed _	43					
Is the parking?	On Site _	<u> </u>	Off Site		On 8	Off Site			
Is Valet parking provided?	Yes _	<u>x</u>	No _						
Number of Spaces:	Standard _	23	Compact	20					
Configuration:	Side by Side	23	Single _	<b></b>		Tandem	2	20	
ls Beach Impact Zone Parki	ng required?	Yes	No	_ <u>x</u> _					
If Yes, what are the nu	mber of parking sp	aces re	equired						
Will your Project result in a	loss of on-street pa	arking?	Yes		No	_ <u>x</u> _			
10. TRAFFIC									
Have you prepared a traffic	study? Yes		NO X	it res,	pleas	e attach	а сору		
Has the traffic study been re If yes, please attach thei		pt. of T	ransportatior	1? Y	es .		No _	<u>X</u>	
What mitigation measure ar	e you required to p	orovide	?						
<u> </u>	<u> </u>								
Are you providing any mitig	ations above and t	beyond	what is requ	iired?		Yes		No	_x
If Yes, please explain:									
									<b></b>
11. AFFORDABLE / LOW	COST HOUSING	COMP	ONENT						-
Are you providing Affordabl	e Housing / Low C	ost Ho	using?	١	es/	<b>۴</b> ۴	No _	x	<u>-</u>
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Is it required by the Ve	enice Specific Plan ar	nd/or Mello Act?	Yes	NoX
Described how the units a	are being provided:	No. of Units:	For Sale _	or Rental?
	Are the units pro	wided: 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	act Report (EIR) requi	ired? Yes _	No <u>X</u> If Yes,	please attach a copy.
How are you complying v	vith the City requirem	ent for landscapi	ng in your project?	
Additional landscaping w	ill be provided in the	parking areas		
	- Marce			
What measures have you	considered for energy	gy conservation (	solar panels, passiv	e solar, etc.)?
		<b>_</b>	<u></u>	
Have you considered usi	na "areen" buildina m	aterials?	Yes No	x
Please explain any "Othe				
Please explain any Othe	r alea(s) of energy c	conservation that	you are incorporation	ig in your project.
Will your project requiring			If Yes, and you a	are hauling 1,000
or more cubic yards of di	rt off site, what is you	ir haul route?		
13. BUSINESS INFORM	IATION			
Name of business:	Fred Venice and T	[BD retail		· · · · · · · · · · · · · · · · · · ·
Type of business:	Restaurant and Re	etail		
Hours of operation:	Restaurant 6:00 a	m to 4:00 am Re	tail 8:00 am to 10:00	)pm
Hours of delivery?	8:00 am to 5:00 pr	<u>m</u>		

Will liquor be sold?	Yes No _X			
If Yes, does the business	have an active liquor licen	se?	Yes	No <u>X</u>
How is liquor sold?	On site consumption		Off site consur	nption
Type of liquor sold:	Wine/beer only		Full liquor	

## 14. CONTACT INFORMATION

Company Name	Hamilton Architects
Contact Name	John Hamilton, AIA
Mailing Address	12240 Venice Blvd. #25
City, State, Zip	Los Angeles, CA 90066
Phone	(310) 398 - 1500
Fax	(310) 398 - 8600
E-Mail	jph@hamiltonarchitects.net
Web Site	www.HamiltonArchitects.net

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

Name (please plint)	John Hamilton	•	 
Signature	}≠• ₽	•	

-- For Committee Use Only --

Committee Action: