GRASS ROOTS VENICE NEIGHBORHOOD COUNCIL

Planning and Zoning Committee

PROJECT INFORMATION FORM

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.com. This form will assist the LUPC in evaluating you project.
- 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.

1. PROJECT INFO	RMATION				
Today's Date	12-12-2006		_	Meeting Date	JAN 25, 2007
Project Location	1429 ABBOT KINNEY BLVD		-	Cross Streets	MILLWOOD AV & CALIFORNIA AV
Applicant Name	FRAN CAMAJ		-		
Presenter Name	WIL NIEVES		-		
Presenters' rela	ationship to applicant: AGENT				
Is this your initial ap Committee?	pearance before the Y	′es ×	No	If No, or	n what other day(s)
have you appeared?	?				
	CRIPTION (General Description)				
	THE SALE AND DISPENSING (
	JMPTION WITH FOOD, AND LIV				
	ANS/SINGERS PLAYING NON-A				
	ORY USES, IN CONJUNCTION V				
	ING 60 SEATS WITHIN THE BUI DOOR PATIO AREA FOR A TOT				
	ERATION FROM 11AM UNTIL 1 A	_			
	OMMERCIAL ZONE.			· WIIIIN IIIC	52-1-0-0A
A DDG 1507 DAG	(ADALINID				
3. PROJECT BACI	AGROUND				
Is the Project locate	d in the Venice Coastal Zone?	Yes	X	No	
If Yes, in which	Venice Specific Plan Sub-area	NORT	H VENI	CE	

in which of the following vehice Coastal Zone areas is	s 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 of	development state		
B. Project Submitted to the City:	Application Date JUNE 9, 2006		
	Application Number ZA 2006-5028 (CUB)		
Have you posted your Application Notice?	Yes No _X_ If Yes, when & where?		
If you have a City Planning Hearing Date – please entedate and location:	er the Date:		
Location:			
Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? Yes NoX_ If No, what Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Actions are you requesting? CUP TO ALLOW THE SALE AND DISPENSING OF FULL LINE ALCOHOLIC BEVERAGES, FOR ON-SITE CONSUMPTION WITH FOOD, AND LIVE ENTERTAINMENT CONSISTING OF UP TO 3 MUSICIANS/SINGERS PLAYING NON-AMPLIFIED JAZZ/POP AND CLASSICAL MUSIC AS ACCESSORY USES, IN CONJUNCTION WITH A PROPOSED FRENCH RESTAURANT ACCOMMODATING 60 SEATS WITHIN THE BUILDING AND AN ADDITIONAL 16 SEATS WITHIN A REAR OUTDOOR PATIO AREA FOR A TOTAL OVERALL CAPACITY OF 76 SEATS WITH HOURS OF OPERATION FROM 6AM UNTIL 1 AM EVERYDAY WITHIN THE C2-1-O-CA ZONE.			
THOUSE OF CLERKTHON THOM ON THE TAME	VERTEXT WITHIN THE 02 TO ON 2014E.		
Please explain your justification for a Conditional Use, or Other Discretionary Action: SEE ATTACHED FII	·		
of Other Discretionary Action. <u>SEE ATTACHED FIL</u>	NDINGS		
Was your Project presented to the immediate neighborhood? Yes NoX			
4. ZONING			
What is the Current zoning?	Proposed zoning? SAME		
Is the Project compliant with the Community Plan Map)? Yes No		
Is the location on a Venice Specific Plan Walk Street?	Yes No X		

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? YesX No			
6. SIZE			
Lot dimensions 60'x 87.17 Square footage of the lot 5,230			
Improvements: Square footage permitted? <u>EXTG</u> Square footage proposed? <u>N/A</u>			
Floor Area Ratio (FAR/Commercial): FAR permitted FAR proposed			
7. HEIGHT			
Maximum Height Permitted <u>EXISTNG</u> Height Proposed <u>N/A</u>			
Actual Physical Number of Stories, including basements, garages, and/or underground parking ONE			
8. SETBACKS			
Required Proposed			
Front			
Side			
Rear			
Is there an easement(s)? Yes No If Yes, list the easement(s)			

9. PARKING			
Number of parking spaces	Required 0	Proposed 0	
Is the parking?	On Site	Off Site	On & Off Site
Is Valet parking provided?	Yes	No X	
Number of Spaces:	Standard	Compact	
Configuration:	Side by Side	Single	Tandem
Is Beach Impact Zone Parkin	g required? Yes	NoX	
If Yes, what are the num	ber of parking spaces r	equired	<u> </u>
Will your Project result in a lo	ss 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. What mitigation measure are you required to provide?			
Are you providing any mitigations above and beyond what is required? Yes No If Yes, please explain:			
11. AFFORDABLE / LOW CO	OST HOUSING COMP	ONENT	
Are you providing Affordable	Housing / Low Cost Ho	ousing?	/es No

Is it required by the Ve	nice Specific Plan ar	nd/or Mello Act?	Yes	s N	No
Described how the units a	re being provided:	No. of Units:	For S	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 Zor	ne?		
12. ENVIRONMENTAL					
Is an Environmental Impa	ct Report (EIR) requi	red? Yes _	No _X	If Yes, plea	ise attach a copy.
STILL BEING PREPARED How are you complying w		ent for landscap	oing in your pr	oject?	
N/A					
What measures have you STANDARD	considered for energ	gy conservation	(solar panels	, passive sol	ar, etc.)?
STANDARD					
Have you considered usin	g "green" building m	aterials?	Yes	No X	
Please explain any "Other" area(s) of energy conservation that you are incorporating in your project:					
Will your project requiring or more cubic yards of dire			⟨ If Yes, ar	nd you are ha	auling 1,000
13. BUSINESS INFORM	ATION				
Name of business:	UNKNOWN				
Type of business:	RESTAURANT				
Hours of operation:	11AM UNTIL 1 AM	EVERYDAY			

Hours of delivery?	MORNINGS	
Will liquor be sold?	Yes _ X _ No	
If Yes, does the business have an active liquor license? Yes No _X		
How is liquor sold?	On site consumption Off site consumption	
Type of liquor sold:	Wine/beer only Full liquorX	
14. CONTACT INFORMA	ATION	
Company Name		
Contact Name	WIL NIEVES	
Mailing Address	P.O. BOX 3958	
City, State, Zip	REDONDO BEACH, CA 90277	
Phone	310-543-3090	
Fax	310-371-1140	
E-Mail	NIEVESASOC@AOL.COM	
Web Site		
L certify that the information	on contained in this Project Information Form is complete and true	
I certify that the information contained in this Project Information Form is complete and true.		
Name (please print)WIL NIEVES		
(Ne	1 Ale	
Signature		
For Committee Use Only		

Committee Action: