## RECEIVED

## MASTER LAND USE PERMIT APPLICATION

LOS ANGELES CITY PLANNING DEPARTMENT

MAR 9 2010

Planning Staff Use Only District Map 106.5A143 **Existing Zone** Community Plan **Council District** 009-018 CASE NO. Plan Approval **APPLICATION TYPE** (zone change, variance, conditional use, tract/parcel map, specific particular exception, etc.) 1. PROJECT LOCATION AND SIZE 26-28 Zip Code 90291 Street Address of Project 22-24 Windward Avenue Legal Description: Lot 25-26 Tract Venice of America Tract Block 2 Lot Dimensions 50' x 80' Lot Area (sq. ft.) 4,045 2. PROJECT DESCRIPTION Describe what is to be done: EXPANSION OF HOURS FROM EXISTING APPROVAL ZA-93-1128 (CUB) ITO REFLECT HOURS IN EXHIBIT "A" AND ADDITION OF SEATS FROM 70 TO 84. Proposed Use: Restaurant Present Use: Restaurant Plan Check No. (if available) Date Filed: Demolition ■ New Construction
■ Change of Use Alterations Check all that apply: ☐ LEED Silver Commercial Industrial Residential ☐ Side Yard Additions to the building: ☐ Rear ☐ Front Height To be demolished No. of residential units: Existing Adding Total 3. ACTION(S) REQUESTED Describe the requested entitlement which either authorizes actions OR grants a variance: Code Section which authorizes relief: 12.24 Code Section from which relief is requested: A Plan Approval per 12.24 . Existing restaurant allowed per previous approval ZA 93-1128(CUB). Modifications requested conform to the purpose and intent Code Section from which relief is requested: Code Section which authorizes relief: of the existing approval and shall not exceed the authority granted the decision-maker in LAMC 12.24. Code Section which authorizes relief: Code Section from which relief is requested: \_ List related or pending case numbers relating to this site:

	PPLICANT INFORMATIO					
Applicant's name	Venice Windward LL	С				
Address: 1697	Pacific Avenue		Telephone: ( 310	396-8464	_ Fax: ( <b>310</b>	392-1854
Venic	e, CA		Zip: 90291	E-mail:		
Property owner's	name (if different from ap	plicant)	1			
Address:			Telephone: (	)	_ Fax: (	)
<u></u>	1.3		Zip:	E-mail:		
Contact person for	or project information Ve	ronica Perez & Eddie N	avarrette Compan	у		
Address: 943 N	lorth Broadway #204		Telephone: ( 213	) 687-6963	_Fax: ( 213	3 <sub>)</sub> 687-6926
Los A	Angeles, Ca		Zip: <u>90012</u>	E-mail	fedesign@	)sbcglobal.net
	T'S AFFIDAVIT					
Under	penalty of perjury the follo	owing declarations are made	:			
a.	The undersigned is the	e owner or lessee if entire sit proof). (NOTE: for zone cha	e is leased, or auth	orized agent of the o	wner with po	wer of attorney or officers of
b.		nted is true and correct to th				
· 1	· //	•				,
Signature:	had R Arbert		Print:	Murk R.	SoKol	
		ALL-PURPOS	SE ACKNOWLEDG	MENT		
County of On On Personally appear whose name(a) is capacity(ips), an instrument.	SAPPLES  WILL  ared  MARK  sylver subscribed to the wi	efore me, Sinsert Name of Sinsert Name of Sinsert Name of thin instrument and acknowledge on the instrument the	eudeu io me mai no	JOINE/ LINE A CVCCOTCO	the same min	ence to be the person(s) iis/hei/their authorized erson(s) acted, executed the
I certify under Pt	ENALTY OF PERJURY u	nder the laws of the State of	California that the fo	oregoing paragraph	is true and co	rrect.
Bras 1	and and official seal.  Scalus Margarature	_ (Seal) §	Com Notal Los	BRAD BEILINSON Imission # 17963 Ty Public - Califo S Angeles Count Imm. Expires May 19, 2	rnia 🕺	
6. ADDITION	AL INFORMATION/FINE	DINGS	***	1411. Expres 140y 19, 2	2012	
		etermination on your applic				nsult the appropriate Specia
NOTE: All appli project. It is add details or an app	visable only when this ap	plication is deemed comple	nly freeze on fees te or upon paymen ning Staff USe Only	charged by various t of Building and Sa	City departmafety plan che	nents in connection with you eck fees. Please ask staff fo
Base Fee 4	11/12/- 00	Davis and Assessed		ntienes	D	ate 3/2/10
Record No.	· 4436,00 沪 597	Deemed Complete by	- Py	8		ate
Innicia	开 597	<u> </u>				