

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:

- 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.

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.
- Bring to the meeting TEN copies of your plans and renderings for The Committee. You may wish to bring additional copies for the audience.
- 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 October 11, 2006 Meeting Date October 25, 2006
Project Location 303 – 305 Venice Way Cross Streets West of Riviera
East of Main
Applicant Name Maury Ruano, The ADMB Group
Presenter Name Maury Ruano

2. PROJECT DESCRIPTION (General Description)

See previously emailed Project Description

3. PROJECT BACKGROUND

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

If Yes, in which Venice Specific Plan Sub-area North Venice 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)

_____ A. Project is at a Preliminary/ Exploratory development state

X B. Project Submitted to the City: Application Date October 4, 2006

Application Number ZA-2006-8708

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

Date: N/A

Location: N/A

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 X

Exceptions or Other Discretionary Actions are you requesting?

The development requires an adjustment (not a variance) from the 1,500 s.f.-lot size for two of the lots.

4. ZONING

What is the Current zoning? RD1.5 Proposed zoning? RD1.5

Is the Project compliant with the Community Plan Map? Yes X No

Is the location on a Venice Specific Plan Walk Street? Yes No X

5. TYPE OF BUILDING

 Business X 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 X No

Two of the units will be owner occupied and the third will be sold/leased

6. SIZE

Lot dimensions 50' x 82' Square footage of the lot 4,088 sq. ft.

Improvements: Square footage permitted? 11,562 Square footage proposed? 6,514

Floor Area Ratio (FAR/Commercial): FAR permitted N/A FAR proposed N/A

7. HEIGHT

Maximum Height Permitted 35' Height Proposed 35'
Number of Stories 3 Basements or underground parking? Yes X No

Unit "A" = 3, Unit "B" = 3, and Unit "C" = 3 + basement

8. SETBACKS

	Required	Proposed
Front	<u>Zero</u>	<u>12' to 12'-7"</u>
Side	<u>3'-0"</u>	<u>3'-0"</u>
Rear	<u>Zero</u>	<u>6'-8"</u>

9. PARKING

Number of parking spaces Required 7 Proposed 7
Is the parking? On Site 6 Off Site 1 On & Off Site X
Is Valet parking provided? Yes No X
Number of Spaces: Standard 3 Compact 3
Configuration: Side by Side 2 Single Tandem 4
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 No
If yes, please attach their findings.

N/A

11. AFFORDABLE / LOW COST HOUSING COMPONENT

Are you providing Affordable Housing / Low Cost Housing? Yes No

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

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

Are the units provided: On Site: Off Site: On/Off Site

12. ENVIRONMENTAL

Is an Environmental Impact Report (EIR) required? Yes No If Yes, please attach a copy.

13. BUSINESS INFORMATION

Name of business: N/A

Type of business: N/A

Hours of operation: N/A

Hours of delivery? N/A

Will liquor be sold? Yes No

14. CONTACT INFORMATION

Company Name The ADMB Group

Contact Name Maury Ruano

Mailing Address 303 Venice Way

City, State, Zip Venice, CA

Phone/FAX 310-745-7749 / 310-496-1284

E-Mail/Web Site _____

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

Name (please print) MAURY RUANO

Signature _____