

VENICE NEIGHBORHOOD COUNCIL

Lane Use and Planning Committee

A. PROJECT INFORMATION FORM -----To Be Used for Projects 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 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.
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

Today's Date FEBRUARY 28, 2008

Meeting Date MARCH 5, 2008

Project Location 338 RENNIE AVE

Cross Streets SUNSET AVE / ROSE AVE

Applicant Name DORA MEDRANO/JAVIER CARBO

Presenter Name ROBERT THIBODEAU

Presenters' relationship to applicant: ARCHITECT

Is this your initial appearance before the Committee? Yes X No If No, on what other day(s)

have you appeared? _____

2. PROJECT DESCRIPTION (General Description)

DEMOLISH – 2 SINGLE FAMILY HOMES AND 1 GARAGE. EXISTING PROPERTY IS DETERIORATED AND UNUSABLE.

CONSTRUCT – 3 SINGLE FAMILY HOMES W/ ATTACHED GARAGE (6-CAR) VIA SMALL LOT SUBDIVISION PROCESS.

3. PROJECT BACKGROUND

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

If Yes, in which Venice Specific Plan Sub-area OAKWOOD – MILWOOD – SOUTHEAST VENICE

In which of the following Venice Coastal Zone areas is your Project located? (please check)

Venice Coastal Zone Specific Plan Area YES Dual Jurisdiction Zone NO

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 2007

Application Number _____

Have you posted your Application Notice? Yes _____ No X If Yes, when & where?

NOT REQUIRED YET

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

Date: NOT YET

Location: NOT YET

Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? Yes _____ No _____ If No, what Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Actions are you requesting?

INTERPRETATION OF THE CODE CHANGED WHILE WE WERE MID-STREAM. I CAN EXPLAIN MORE AT THE HEARING.

Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception,

or Other Discretionary Action: NONE REQUIRED

Was your Project presented to the immediate neighborhood? Yes _____ No X

If Yes, when _____ (date) and to whom _____

If not presented, please explain: NOT AT THAT STAGE YET

4. ZONING

What is the Current zoning? RD1.5 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

_____ Business 3 Single Family _____ Mixed Use (Business/Residential)

_____ Apartments: _____ Units Permitted _____ Units Proposed

_____ Condos: _____ Units Permitted 3 Units Proposed (SMALL LOT SUB-DIVISION)

_____ Other – please explain: _____

Will the property be Owner Occupied? Yes _____ No X

6. SIZE

Lot dimensions 40' X 162.92' Square footage of the lot 6,447 SQ FT

Improvements: Square footage permitted? _____ Square footage proposed? _____

Floor Area Ratio (FAR/Commercial): FAR permitted _____ FAR proposed _____

7. HEIGHT

Maximum Height Permitted 30'-0" Height Proposed 30'-0"

Actual Physical Number of Stories, including basements, garages, and/or underground parking 2,2,3

8. SETBACKS

	Required	Proposed
Front	<u>0'</u>	<u>12'-3"</u>
Side	<u>5'-0"</u>	<u>5'-0"</u>
Rear	<u>0'</u>	<u>5'-0"</u>

Is there an easement(s)? Yes X No If Yes, list the easement(s) PEDESTRIAN
ACCESS EASEMENT, UTILITY EASEMENT

9. PARKING

Number of parking spaces Required 6 Proposed 6
Is the parking? On Site X Off Site On & Off Site
Is Valet parking provided? Yes No X
Number of Spaces: Standard 3 Compact 3
Configuration: Side by Side Single Tandem X
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 No X

POSSIBLE INCREASE

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 X
If yes, please attach their findings.
What mitigation measure are you required to provide? N/A

Are you providing any mitigations above and beyond what is required? Yes No
If Yes, please explain: N/A

11. AFFORDABLE / LOW COST HOUSING COMPONENT

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

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

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

Are the units provided: 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 Impact Report (EIR) required? Yes _____ No X If Yes, please attach a copy.

How are you complying with the City requirement for landscaping in your project?

LICENSED LANDSCAPE ARCHITECT OR ARCHITECT REQUIRED; DESIGN REVIEWED

BY CITY PLANNING.

What measures have you considered for energy conservation (solar panels, passive solar, etc.)?

PASSIVE SOLAR, RADIANT HEAT IN FLOORS, NATURAL VENTILATION, ON DEMAND HOT WATER

HEATER

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:

Will your project requiring grading? Yes _____ No X If Yes, and you are hauling 1,000 or more cubic yards of dirt off site, what is your haul route?

N/A

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

If Yes, does the business have an active liquor license? Yes No

How is liquor sold? On site consumption Off site consumption

Type of liquor sold: Wine/beer only Full liquor

14. CONTACT INFORMATION

Company Name DU ARCHITECTS

Contact Name ROBERT THIBODEAU

Mailing Address 529 CALIFORNIA AVE

City, State, Zip VENICE, CA 90291

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Fax 310-452-8171

E-Mail duarchitects@earthlink.net

Web Site duarchitects.com

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

Name (please print) __ROBERT THIBODEAU, FEB 28, 2008__

Signature _____

-- For Committee Use Only --

Committee Action: