

RECEIVED

MASTER LAND USE PERMIT APPLICATION
LOS ANGELES CITY PLANNING DEPARTMENT

SEP 10 2009

Planning Staff Use Only

Table with 4 columns: ENV No., Existing Zone, District Map, APC, Community Plan, Council District, Census Tract, APN, Staff Approval *, Date

* Approval for Filing by Community Planning or Division of Land Staff, When Applicable

CASE NO. DIR 2009 2711-SPD-MEL
APPLICATION TYPE Venice Coast Zone Specific Plan Project Permit Compliance
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 523 E. Rose Ave. Zip Code 90291
Legal Description: Lot 109 Block none Tract TR6622
Lot Dimensions 27' x 118.75' Lot Area (sq. ft.) 3139.2 sq ft. Total Project Size (sq. ft.) 1230 sf

2. PROJECT DESCRIPTION

Describe what is to be done: conversion of exist 1454 sf single family residence into a new 1230 sf. restaurant, retail and office. accessory
waive requirement to replace single family residence

Present Use: empty, single family residence Proposed Use: restaurant, retail, office

Plan Check No. (if available) B081A333fO Date Filed: 11/17/08

Check all that apply: [X] New Construction [X] Change of Use [X] Alterations [X] Demolition
[X] Commercial Industrial Residential

Additions to the building: Rear Front Height Side Yard

3. ACTION(S) REQUESTED

Describe the requested entitlement which either authorizes actions OR grants a variance:

Code Section from which relief is requested: 11.5.7 Code Section which authorizes relief:
Specific plan project permit review

Code Section from which relief is requested: mello Act Interim procedures Code Section which authorizes relief:

Code Section from which relief is requested: waive requirements to replace single family residence Code Section which authorizes relief:

Code Section from which relief is requested: Code Section which authorizes relief:

List related or pending case numbers relating to this site:

SIGNATURES of adjoining or neighboring property owners in support of the request; not required but helpful, especially for projects in single-family residential areas. (Attach sheet, if necessary)

NAME (Print)	SIGNATURE	ADDRESS	KEY # ON MAP

4. OWNER/APPLICANT INFORMATION

Applicant's Name Oscar Hermosillo Company _____
 Address: 523 719 Sunset Ave Telephone: (323) 810-0545 Fax: () _____
Venice CA Zip: 90291 E-mail: oscar.vbw@gmail.com


Property Owner's Name (if different than applicant) George Klein
 Address: 31 24th Ave Telephone: (310) 989 5252 Fax: () _____
Venice Zip: 90291 E-mail: geoklein@gmail.com

Contact Person for project Information Oscar Hermosillo
 Address: _____ Telephone: (323) 810-0545 Fax: () _____
 _____ Zip: _____ E-mail: oscar.vbw@gmail.com

5. APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of a corporation (submit proof). (NOTE: for zone changes lessee may not sign).
- b. The information presented is true and correct to the best of my knowledge.

Signature: 
 Print: George Klein
 Date: 8/18/09

Subscribed and sworn before me this (date): _____
 In the County of _____ State of California
 Notary Public Please See Attached (SL)
 Stamp: _____

7. ADDITIONAL INFORMATION/FINDINGS

In order for the City to render a determination on your application, additional information may be required. Consult the appropriate "Special Instructions" handout. Provide on attached sheet(s) this additional information using the hand-out as a guide.

NOTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your project. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff for details or an application.

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Base Fee	Reviewed and Accepted by	Date
Receipt No.	Deemed Complete by	Date

CALIFORNIA JURAT WITH AFFIANT STATEMENT

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

~~_____
Signature of Document Signer No. 1~~

~~_____
Signature of Document Signer No. 2 (if any)~~

State of California
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this
18 day of August, 2009, by
Date Month Year
 (1) George Klein
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me (.)

(and)
 (2) _____
Name of Signer

proved to me on the basis of satisfactory evidence
 to be the person who appeared before me.)

Signature Stacy Villaseñor
Signature of Notary Public



Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Master Land Use Permit Application
 Document Date: 8-18-09 Number of Pages: 2
 Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1
 Top of thumb here

RIGHT THUMBPRINT OF SIGNER #2
 Top of thumb here