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.org. 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.

PROJECT INFORMA	TION			
Today's Date			Meeting Date	
Project Location	728 INDIANA AVE.		Cross Streets	INDIANA BETWEEN LINCOLN AND 7TH
Applicant Name	VICTOR MARTINEZ			
Presenter Name	DAVID REDDY			
2. PROJECT DESC	CRIPTION (General Description	n)		
ADJACENT LOT DEV	/ELOPED SIMULTANEOUSLY BY	Y THE SAME OWI	NER	
	ISION CONSISTING OF 3-2 STO	RY TOWNHOMES	, 7 PARKING S	SPACES ON GRADE
TYPE V, NEW CONS	TRUCTION, SPRINKLERED		SALE RA	
3. PROJECT BAC	KGROUND	-1: 1 200		
Is Project located in	the Venice Coastal Zone?	Yes	No	
	the Venice Coastal Zone?	X		HEAST VENICE
If Yes, in which	Venice Specific Plan Sub-area	MILWOOD, OAK	WOOD, SOUTH	
If Yes, in which		MILWOOD, OAK	WOOD, SOUTH	
If Yes, in which In which of the follo	Venice Specific Plan Sub-area	MILWOOD, OAK	WOOD, SOUTH	e check)
If Yes, in which In which of the follo	Venice Specific Plan Sub-area wing Venice Coastal Zone areas one Specific Plan Area X	MILWOOD, OAK	WOOD, SOUTH	e check)
If Yes, in which In which of the follo Venice Coastal Z Status of Project (S	Venice Specific Plan Sub-area wing Venice Coastal Zone areas one Specific Plan Area X	MILWOOD, OAK	WOOD, SOUTH	e check)

Project Information Form — Page 1 of 1

	Application Number
If you have a City Planning Hearing Date – please enter the date and location:	Date:
Location:	
Is your Project in full compliance with Los Angeles City Specific Plan? No If No, what Yes X	Zoning and Planning Codes and/or the Venice t Conditional Use, Variance, Venice Specific Plan
Exceptions or Other Discretionary Actions are you reque	esting?
SMALL LOT SUBDIVISION REQUEST	
0' LOT LINE @ UNIT C AND ADJACENT LOT; 0' LO	OT LINE B/N UNITS A&B
PASSAGEWAY REDUCTION	
4 ZONING	
4. ZONING What is the Current zoning? RD1.5-1	Proposed zoning? SAME NO CHANGE
Is the Project compliant with the Community Plan Map?	Yes X No
Is the location on a Venice Specific Plan Walk Street?	Yes No
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: SMALL LOT SUBDIV	ISION-3 UNITS
Will the property be Owner Occupied?	es No X
6. SIZE	
Lot dimensions 40'x132' Squ	uare footage of the lot 5,280 SF
Improvements: Square footage permitted?	0,350 Square footage proposed? 6,500
Floor Area Ratio (FAR/Commercial): FAR permitted _	FAR proposed

Aaximun		30' W/VARIED ROOFLINE He	ight Proposed 30' W/VA	RIED ROOFLINE
	of Stories 2 (SEE NOTE			
			ts or underground par	
UNITS A&E	3 ARE 2 STORY, UNIT C	S 3 STORY (1ST IS PARKIN	NG GARAGE, 2ND IS FULL	STORY, AND 3RD IS LESS THAN 500 SF
8. SETB	ACKS			
	Required	Proposed		
Front	5	10		
Side	5	5		
Rear	5	5		
PER SN	MALL LOT SUBI	DIVISION ORDINA	ANCE	
9. PARK	ING			
Number	of parking spaces	Required 7	Proposed 7	
Is the par	rking?	On Site X	Off Site	On & Off Site
Is Valet p	parking provided?	Yes	No X	
Number	of Spaces:	Standard 4	Compact 3	
Configura	ation:	Side by Side 0	Single X	Tandem X
Is Beach	Impact Zone Parki	ng required? Y	es No X	
If Ye	es, what are the nun	nber of parking space	s required	
Will your	Project result in a	loss of on-street parki	ing? Yes	NoX
10. TRAI	FFIC			
Tent	u prepared a traffic	study? Yes	No N/A If Y	es, please attach a copy.
Has the t	lbir , le	eviewed by the Dept.		Yes No N/A

Are you providing Affo	rdable Housing / Low Cost Housing? Yes X No				
Is it required by the Venice Specific Plan and/or Mello Act? Yes X 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					
Is an Environmental In	npact Report (EIR) required? Yes No X If Yes, please attach a copy.				
13. BUSINESS INFO	RMATION				
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 X				
14. CONTACT INFOR	RMATION				
Company Name					
Contact Name	VICTOR MARTINEZ				
Mailing Address	732 INDIANA AVE.				
City, State, Zip	VENICE, CA 90291				
Phone/FAX	(310) 930-4922 / (310) 396-7941				
E-Mail/Web Site	E-Mail/Web Site V. Martinez 2007 @ Xahoo. Com				
I certify that the inform	ation contained in this Project Information Form is complete and true.				
Name (please print)_	Victor Martinez				
Signature //w/	/ Man				