VENICE NEIGHBORHOOD COUNCILLand Use and Planning Committee

B. PROJECT INFORMATION FORM -- To Be Used for Projects less 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.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.
- 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.

PROJECT INFORMA	TION			
Today's Date	3-24-08		Meeting Date	3-26-08
Project Location	916 Main St.		Cross Streets	Abbot Kinney
Applicant Name	DC Expediting			
Presenter Name	Luigi Protano			
2 PPO JECT DESC	CRIPTION (General Description	.		
	ry canopy, new parking acc		ew paving s	trining and
	ne parking area to include a			
landscaping at ti	le parking area to include a	3-0 leffce to	De Covereu	by latiuscaping
				_
-				
3. PROJECT BACI	KGROUND			
3. PROJECT BACI	NGROUND	Yes X	No	
Is Project located in	the Venice Coastal Zone?	100 X	110	
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If Yes, in which	Venice Specific Plan Sub-area	North Venice		
		. 5	. 10 / 1	
In which of the follow	wing Venice Coastal Zone areas	is your Project io	cated? (please	check)
Venice Coastal Z	one Specific Plan Area X		Dual Jurisdic	ction Zone
Status of Project (Se	elect A or B)			
A. Projec	ct is at a Preliminary/ Exploratory	development sta	ate	
	Project Information Fo	rm — Page	e 1 of 4	

X	B. Project Submitted to the City:	Application Date 12-14-07				
B. Floject Submitted to the Oity.		Application Number 07014-10000-08484				
	ave a City Planning Hearing Date – please er e and location:	nter Date:				
Location	n:					
Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? X No If No, what Conditional Use, Variance, Venice Specific Plan Yes						
Exceptions or Other Discretionary Actions are you requesting?						
4 701	WAS -					
4. ZON	IING					
What is	the Current zoning? C2-1	Proposed zoning? same				
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					
X I	Business 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 NoX						
0.0:==						
6. SIZE		21,316 SF				
Lot dimensions		Square footage of the lotN/A N/A				
Improvements: Square footage permitted?		Square footage proposed? N/A N/A N/A				
Floor A	rea Ratio (FAR/Commercial): FAR permitted					

7. HEIGHT				
13'-6" 13'-6" Maximum Height Permitted Height Proposed				
Number of Stories1 Basements or underground parking? Yes Nox				
8. SETBACKS				
Required Proposed				
Front				
Side				
Rear				
9. PARKING				
Number of parking spaces Required n/s Proposed 20				
Is the parking? On Site X Off Site On & Off Site				
Is Valet parking provided? Yes NoX				
Number of Spaces: Standard 12 Compact 7				
Configuration: Side by Side X Single Tandem				
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				
· · · · · · · · · · · · · · · · · · ·				
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				

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 X If Yes, please attach a copy.					
13. BUSINESS INFORMATION					
News of business MRT Observ					
Name of business: MBT Shoes					
Type of business: Office					
Hours of operation: Standard Business Hours					
Standard Business Hours Hours of delivery?					
Will liquor be sold? Yes No _X_					
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14. CONTACT INFORMATION					
Company Name DC Expediting					
· ·					
Mailing Address 650 E. Bonita Ave, #1710					
City, State, Zip San Dimas, CA 91773					
Phone/FAX (510) 501-1246 / (909) 305-8636					
E-Mail/Web Site Bernadette.ba@gmail.com					
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I certify that the information contained in this Project Information Form is complete and true.					
Name (please print)					
Signature					