

Application Number _____

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 unit in question does not have sufficient parking. Therefore a variance for parking would be required.**

4. ZONING

What is the Current zoning? RD 1.5-1.0 Proposed zoning? _____

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 _____ Single Family _____ Mixed Use (Business/Residential)

_____ Apartments: _____ Units Permitted _____ Units Proposed

_____ Condos: _____ Units Permitted _____ Units Proposed

_____ Other – please explain: See above; legalize an existing condition

Will the property be Owner Occupied? Yes _____ No X

6. SIZE

Lot dimensions 24x64 Square footage of the lot 2850 sq ft

Improvements: Square footage permitted? N/A Square footage proposed? N/A

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

The building is a duplex built fully permitted in 1988; there will be no changes to the footprint of the building.

7. HEIGHT

Maximum Height Permitted N/A Height Proposed N/A

Number of Stories 2.5 Basements or underground parking? Yes No X

There will be no changes to the height of the building

8. SETBACKS

	Required	Proposed
Front	<u>N/A</u>	<u>N/A</u>
Side	<u>N/A</u>	<u>N/A</u>
Rear	<u>N/A</u>	<u>N/A</u>

As above: there will be no changes to the setbacks of the building

9. PARKING

Number of parking spaces Required 5 Proposed 4

Is the parking? On Site X Off Site On & Off Site

Is Valet parking provided? Yes No

Number of Spaces: Standard 4 Compact

Configuration: Side by Side 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 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 X
If yes, please attach their findings.

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: 1 For Sale Rental? Y

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: Market St Property

Type of business: Rental Housing

Hours of operation: _____

Hours of delivery? _____

Will liquor be sold? Yes No

14. CONTACT INFORMATION

Company Name Market Street Property

Contact Name John Reimers

Mailing Address PO Box 2873

City, State, Zip Venice CA 90294

Phone/FAX 310 452 2840

E-Mail/Web Site jnsreimers@comcast.net

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

Name (please print) John Reimers

Signature on original _____