## VENICE NEIGHBORHOOD COUNCIL

## **Land Use and Planning Committee**

A. PROJECT INFORMATION FORM ————To Be Used for Projects Equal to or 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.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.

1. PROJECT INFO	RMATION					
Today's Date	February 12, 2007	Meeting Date 2/12/07				
Project Location	Ballona Wetlands/North Canal	Washington Blvd Cross Streets South to Hurricane				
Applicant Name	Marina Peninsula Neighborhood Association	_				
Presenter Name	Mark Winter	_				
Presenters' relationship to applicant: On Board of Directors						
Is this your initial app Committee?	pearance before the YesX	No If No, on what other day(s)				
have you appeared?						
2 DDO IECT DESCRIPTION (Congral Description)						
2. PROJECT DESCRIPTION (General Description)  Dedication of up to six City of Los Angeles owned lots located adjacent to Ballona lagoon/wetlands and northern canal for public parks/open space. See attached satellite images, lot locations and lot descriptions.						

3. PROJECT BACKGROUND					
Is the Project located in the Venice Coastal Zone? YesX_ No					
If Yes, in which Venice Specific Plan Sub-area Ballona Lagoon East and West Bank					
In which of the following Venice Coastal Zone areas is	s your Project located? (please check)				
Venice Coastal Zone Specific Plan Area X Dual Jurisdiction Zone X					
Status of Project (Select A or B)					
X A. Project is at a Preliminary/ Exploratory of	development state				
B. Project Submitted to the City:	Application Date				
	Application Number				
Have you posted your Application Notice?	Yes No If Yes, when & where?				
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 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?					
Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception,					
or Other Discretionary Action: To be determined					
Was your Project presented to the immediate neighborhood? Yes X No					
If Yes, when Q2 2006 (date) and to whom Neighbors and interest parties in community					
If not presented, please explain:					

4. ZONING				
What is the Current zoning? R1	Proposed zoning? Parks & Rec			
Is the Project compliant with the Community Plan Map?	YesX No			
Is the location on a Venice Specific Plan Walk Street?	Yes No X			
5. TYPE OF BUILDING				
	Mixed Use (Business/Residential)			
	Units Proposed			
	<u> </u>			
Condos: Units Permitted	Units Proposed			
X Other – please explain: Raw land – undeveloped parcels				
Will the property be Owner Occupied? Yes	No <u>X</u>			
6. SIZE				
6. SIZE  Lot dimensions Squ	are footage of the lot			
	are footage of the lot Square footage proposed?			
Lot dimensions Squ Improvements: Square footage permitted?				
Lot dimensions Squ Improvements: Square footage permitted?	Square footage proposed?			
Lot dimensions Squ Improvements: Square footage permitted?	Square footage proposed?			
Lot dimensions Squ Improvements: Square footage permitted? Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT	Square footage proposed?			
Lot dimensions Squ Improvements: Square footage permitted? Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT	Square footage proposed?  FAR proposed  poosed			
Lot dimensions Squ Improvements: Square footage permitted?  Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT  Maximum Height Permitted Height Pro	Square footage proposed?  FAR proposed  poosed			
Lot dimensions Squ Improvements: Square footage permitted?  Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT  Maximum Height Permitted Height Pro	Square footage proposed?  FAR proposed  poosed			
Lot dimensions Squ Improvements: Square footage permitted?  Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT  Maximum Height Permitted Height Pro Actual Physical Number of Stories, including basements,	Square footage proposed?  FAR proposed  poosed			
Improvements: Square footage permitted?  Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT  Maximum Height Permitted Height Production Actual Physical Number of Stories, including basements,  8. SETBACKS	Square footage proposed?  FAR proposed  poosed			
Lot dimensions Squ Improvements: Square footage permitted?  Floor Area Ratio (FAR/Commercial): FAR permitted  7. HEIGHT  Maximum Height Permitted Height Pro Actual Physical Number of Stories, including basements,  8. SETBACKS  Required Proposed	Square footage proposed?  FAR proposed  poosed			

Is there an easement(s)? Yes No If Yes, list the easement(s)				
9. PARKING				
Number of parking spaces	Required	Proposed	_	
Is the parking?	On Site	Off Site	On & Off Site	
Is Valet parking provided?	Yes	No	_	
Number of Spaces:	Standard	Compact	<u> </u>	
Configuration:	Side by Side	Single	Tandem	
Is Beach Impact Zone Parki	ng required?	Yes No	_	
If Yes, what are the nur	nber of parking spac	es required		
Will your Project result in a loss of on-street parking? Yes No				
10. TRAFFIC				
Have you prepared a traffic study?  Yes No If Yes, please attach a copy.				
Has the traffic study been reviewed by the Dept. of Transportation? Yes No				
		of Transportation?	Yes No	
	findings.	. vida O	Yes No	
If yes, please attach their	findings.	. vida O	<del></del>	
If yes, please attach their	findings.	. vida O	<del></del>	
If yes, please attach their	findings.	vide?		
If yes, please attach their What mitigation measure are  Are you providing any mitigation	e you required to pro	vond what is required?		
If yes, please attach their What mitigation measure are  Are you providing any mitigation	e you required to pro	vond what is required?	Yes No	
If yes, please attach their What mitigation measure are Are you providing any mitigation.  If Yes, please explain:	e you required to pro	vide?vond what is required?	Yes No	
If yes, please attach their What mitigation measure are  Are you providing any mitigation	e you required to pro	vide?vond what is required?	Yes No	
If yes, please attach their What mitigation measure are Are you providing any mitigation.  If Yes, please explain:	e you required to produce to prod	ovide?  ovond what is required?	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 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 If Yes, please attach a copy.
How are you complying with the City requirement for landscaping in your project?
What measures have you considered for energy conservation (solar panels, passive solar, etc.)?
Have you considered using "green" building materials?  Yes No
Please explain any "Other" area(s) of energy conservation that you are incorporating in your project:
Will your project requiring grading? Yes No If Yes, and you are hauling 1,000 or more cubic yards of dirt off site, what is your haul route?
13. BUSINESS INFORMATION
Name of business:
Type of business:
Hours of operation:
Hours of delivery?

Will liquor be sold?	'es No			
If Yes, does the business I	nave an active liquor license	e? Yes	No	
How is liquor sold?	On site consumption	Off site cons	sumption	
Type of liquor sold:	Wine/beer only	Full liquor	·	
14. CONTACT INFORMA	TION			
Company Name	Marina Peninsula Neighbo	orhood Association		
Contact Name	Mark Winter			
Mailing Address	s3501 Grand Canal			
City, State, Zip	Marina del Rey CA 90292			
Phone	310-902-4554			
Fax	(775)-201-0267			
E-Mail	mwinter@codifyllc.com			
Web Site	www.marinapeninsula.org			
I certify that the information contained in this Project Information Form is complete and true.  Name (please print)Mark Winter				
Signature				
	For Com	nmittee Use Only		
Committee Action:				

Project Information Form — Page 6 of 6