

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:

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 INFORMATION

Today's Date _____	Meeting Date <u>11/7/2007</u>
Project Location <u>1305 Abbot Kinney Blvd.</u>	Cross Streets <u>Santa Clara</u>
Applicant Name <u>Carol Ahn</u>	
Presenter Name <u>Michael Teich</u>	

2. PROJECT DESCRIPTION (General Description)

Pursuant to LAMC section 12.24W1, a conditional use permit to allow the on-site sale of beer and wine with food in conjunction with a restaurant with a Service Floor area of 600 square feet, accommodating 40 seats, and having hours of operation from 10:00am to 11:00pm, daily. Pursuant to the Venice Coastal Zone Specific Plan section 8. B. and LAMC section 11.5.7, Project Permit Compliance review for a change of use from retail to restaurant.

3. PROJECT BACKGROUND

Yes No

Is Project located in the Venice Coastal Zone? X _____

If Yes, in which Venice Specific Plan Sub-area NORTH VENICE

In which of the following Venice Coastal Zone areas is your Project located? (please check)

Venice Coastal Zone Specific Plan Area X Dual Jurisdiction Zone _____

Status of Project (Select A or B)

_____ A. Project is at a Preliminary/ Exploratory development state

 x B. Project Submitted to the City: Application Date JULY 19, 2007

Application Number ZA 2007-3442 (CUB)

If you have a City Planning Hearing Date – please enter the date and location:

Date: OCT. 25, 2007

Location: WEST L.A. MUNICIPAL BUILDING (1645 CORINTH AVE.)

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? Reduction in parking requirement due to pedestrian-based customers and publicly owned parking lot being built immediately adjacent to proposed restaurant LAMC 12.21A.4(o).

4. ZONING

What is the Current zoning? C2-1-O-CA 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 x

5. TYPE OF BUILDING

X 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 X No

6. SIZE

Lot dimensions 84.68'X40' Square footage of the lot 3,389.2 SQ/FT

Improvements: Square footage permitted? 1,312 Square footage proposed? No Change

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

7. HEIGHT

Maximum Height Permitted N/A Height Proposed N/A
 Number of Stories ONE Basements or underground parking? Yes No X

8. SETBACKS

	Required	Proposed
Front	_____	_____
Side	_____	_____
Rear	_____	_____

9. PARKING

Number of parking spaces Required 12 Proposed 10
 Is the parking? On Site X Off Site On & Off Site
 Is Valet parking provided? Yes X No
 Number of Spaces: Standard ALL Compact
 Configuration: Side by Side Single Tandem X
 Is Beach Impact Zone Parking required? Yes X No
 If Yes, what are the number of parking spaces required 2

Will your Project result in a loss of on-street parking? Yes No X
 A sign will be posted in front of the restaurant stating that parking is in the back. There will be a parking attendant posted in our parking lot where customers will drop off their cars and exit the same route on their way out. This area will be accessible by making a right turn onto Santa Clara, and then another right turn into the alley behind the restaurant. This is an easily accessible location for the customer.

10. TRAFFIC

Have you prepared a traffic study? Yes X No If Yes, please attach a copy.
 Has the traffic study been reviewed by the Dept. of Transportation? Yes X No
 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: 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 If Yes, please attach a copy.

13. BUSINESS INFORMATION

Name of business: Carol Restaurant

Type of business: Restaurant

Hours of operation: 10:00AM-11:00PM

Hours of delivery? MORNING

Will liquor be sold? Yes No BEER & WINE ONLY

14. CONTACT INFORMATION

Company Name _____

Contact Name CAROL AHN-TEICH/ MICHAEL TEICH

Mailing Address 11927 CULVER BLVD. #6

City, State, Zip LOS ANGELES, CA 90066

Phone/FAX 213-219-0058/ 310-463-6940

E-Mail/Web Site CAROLAHN77@YAHOO.COM/ MBTEICH@YAHOO.COM

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

Name (please print) CAROL AHN-TEICH/ MICHAEL TEICH

Signature _____