GRASS ROOTS VENICE NEIGHBORHOOD COUNCIL

Planning and Zoning Committee

PROJECT INFORMATION FORM

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.com. This form will assist the LUPC in evaluating you project.
- 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.

1. PROJECT INFORMATION		
Today's Date <u>12-12-2006</u>	Meeting Date	JAN 24, 2007
Project Location1429 ABBOT KINNEY BLVD	Cross Streets	MILLWOOD AV & CALIFORNIA AV
Applicant Name FRAN CAMAJ		
Presenter Name WIL NIEVES		
Presenters' relationship to applicant: AGENT		
Is this your initial appearance before the Yes X Committee?	No If No, or	n what other day(s)
have you appeared?		
2. PROJECT DESCRIPTION (General Description)		
CUP TO ALLOW THE SALE AND DISPENSING OF FULL ON-SITE CONSUMPTION WITH FOOD, AND LIVE ENTE THREE MUSICIANS/SINGERS PLAYING NON-AMPLIFIE AS AN ACCESSORY USES, IN CONJUNCTION WITH A ACCOMMODATING 44 SEATS WITHIN THE BUILDING AT THE REAR OUTDOOR PATIO AREA FOR A TOTAL OVE HOURS OF OPERATION FROM 6AM UNTIL 1 AM EVER COMMUNITY COMMERCIAL ZONE.	RTAINMENT CONSIS ED JAZZ/POP AND CLA PROPOSED FRENCH AND AN ADDITIONAL ERALL CAPACITY OF (TING OF UP TO ASSICAL MUSIC RESTAURANT 16 SEATS WITHIN 50 SEATS WITH
3. PROJECT BACKGROUND		
Is the Project located in the Venice Coastal Zone? Yes	X No	
If Yes, in which Venice Specific Plan Sub-area NORTH	I VENICE	

in which of the following vehice Coastal Zone areas is	s your Project located? (please check)		
Venice Coastal Zone Specific Plan AreaX	Dual Jurisdiction Zone		
Status of Project (Select A or B)			
A. Project is at a Preliminary/ Exploratory d	levelopment state		
B. Project Submitted to the City:	Application Date JUNE 9, 2006		
	Application Number ZA 2006-5028 (CUB)		
Have you posted your Application Notice?	Yes No _X If Yes, when & where?		
If you have a City Planning Hearing Date – please entedate and location:	er the Date:		
Location:			
Is your Project in full compliance with Los Angeles City Zoning and Planning Codes and/or the Venice Specific Plan? Yes NoX_ If No, what Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Actions are you requesting? CUP TO ALLOW THE SALE AND DISPENSING OF FULL LINE ALCOHOLIC BEVERAGES, FOR ON-SITE CONSUMPTION WITH FOOD, AND LIVE ENTERTAINMENT CONSISTING OF UP TO 3 MUSICIANS/SINGERS PLAYING NON-AMPLIFIED JAZZ/POP AND CLASSICAL MUSIC AS ACCESSORY USES, IN CONJUNCTION WITH A PROPOSED FRENCH RESTAURANT ACCOMMODATING 44 SEATS WITHIN THE BUILDING AND AN ADDITIONAL 16 SEATS WITHIN A REAR OUTDOOR PATIO AREA FOR A TOTAL OVERALL CAPACITY OF 60 SEATS WITH HOURS OF OPERATION FROM 6AM UNTIL 1 AM EVERYDAY WITHIN THE C2-1-O-CA ZONE.			
THOUSE OF STERVINOR TROM ON THE TANKE	VERTEXT WITHIN THE 92 TO ON 2014E.		
Please explain your justification for a Conditional Use, Variance, Venice Specific Plan Exception, or Other Discretionary Action: SEE ATTACHED FINDINGS			
Was your Project presented to the immediate neighborhood? Yes No _X If Yes, when (date) and to whom			
If not presented, please explain:			
4. ZONING			
What is the Current zoning?	Proposed zoning? SAME X		
Is the Project compliant with the Community Plan Map			
Is the location on a Venice Specific Plan Walk Street?	Yes No X		

E TYPE OF BUILDING		
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? YesX No		
6. SIZE		
Lot dimensions 60'x 87.17 Square footage of the lot 5,230		
Improvements: Square footage permitted? EXTG Square footage proposed? N/A		
Floor Area Ratio (FAR/Commercial): FAR permitted FAR proposed		
rioti Alea Ratio (FAR/Continercial). FAR permitted FAR proposed		
7. HEIGHT		
Maximum Height PermittedEXISTNG Height Proposed _ N/A		
Actual Physical Number of Stories, including basements, garages, and/or underground parking ONE		
<u></u>		
8. SETBACKS		
Required Proposed		
Front		
Side		
Rear		
Is there an easement(s)? Yes No If Yes, list the easement(s)		

9. PARKING			
Number of parking spaces	Required 0	Proposed 0	
Is the parking?	On Site	Off Site	On & Off Site
Is Valet parking provided?	Yes	NoX	
Number of Spaces:	Standard	Compact	
Configuration: S	ide by Side	Single	Tandem
Is Beach Impact Zone Parking	required? Yes	NoX_	
If Yes, what are the number	er of parking spaces r	equired	
Will your Project result in a loss	s 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 If yes, please attach their findings.			
What mitigation measure are you required to provide?			
Are you providing any mitigatio	ns above and beyond	what is required?	Yes No
If Yes, please explain:			
11. AFFORDABLE / LOW COST HOUSING COMPONENT			
Are you providing Affordable H	ousing / Low Cost Ho	using? Y	es 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 _X If Yes, please attach a copy.
STILL BEING PREPARED BY THE CITY How are you complying with the City requirement for landscaping in your project?
N/A
What measures have you considered for energy conservation (solar panels, passive solar, etc.)?
STANDARD
Have you considered using "green" building materials? Yes No _X
Please explain any "Other" area(s) of energy conservation that you are incorporating in your project:
Will your project requiring grading? Yes No _X _ If Yes, and you are hauling 1,000 or more cubic yards of dirt off site, what is your haul route?
of more cubic yards of dift off site, what is your fladi foute:
13. BUSINESS INFORMATION
Name of business: UNKNOWN
Type of business: RESTAURANT
Hours of operation: 11AM UNTIL 1 AM EVERYDAY

Hours of delivery?	MORNINGS			
Will liquor be sold?	Yes _ X _ No			
If Yes, does the business have an active liquor license? Yes No _X				
How is liquor sold?	On site consumption X Off site consumption			
Type of liquor sold:	Wine/beer only Full liquorX			
14. CONTACT INFORMA	ATION			
Company Name				
Contact Name	WIL NIEVES			
Mailing Address	P.O. BOX 3958			
City, State, Zip	REDONDO BEACH, CA 90277			
Phone	310-543-3090			
Fax	310-371-1140			
E-Mail	NIEVESASOC@AOL.COM			
Web Site				
I certify that the information	on contained in this Project Information Form is complete and true.			
Name (please print)				
reame (piease print)				
Wil Me				
Signature				
	For Committee Use Only			
Committee Action:				