## MASTER LAND USE PERMIT APPLICATION

LOS ANGELES CITY PLANNING DEPARTMENT

| ENV No.                                       | existing 2                         | one C2 - (                            |                              | District Map                       | DUA                         |
|---|------------------------------------|---------------------------------------|------------------------------|------------------------------------|-----------------------------|
| ENV-2008 - 7                                  | Communi                            | h. Dlan 1                             |                              |                                    | District /                  |
| West LA                                       | APN                                | Vev (⊂S<br>, Staff Appr               |                              | Date                               |                             |
| Census Tract 2736.00                          | 42416180                           | 03 ( )                                | *                            |                                    |                             |
|   | 2008                               | 0996                                  | *Approval for Filing by Comm | unity Planning or Division of Land | Staff, When Applicable      |
| CASE No. APCW                                 | 2000                               | 02                                    | ) - SPE -                    | cab-cop-                           | SPF.                        |
| Application Type Co                           | ONDITIONAL<br>(zone change, varia) | USE<br>nce, conditional use, tract/pa | rcel map, specific plan exce | option, etc.)                      |                             |
| 1. PROJECT LOCATION AND                       | SIZE                               |                                       |                              |                                    |                             |
| Street Address of Project                     | 1711-1717 L                        | INCOLN BLV                            | B. 959 SUPER                 | 8A Zip Code 90 2                   | 91                          |
| Legal Description: LotR                       | ·                                  |                                       | •                            |                                    |                             |
| Lot Dimensions 40 X                           | 85 Lot Area                        | (sq. ft.) 3345                        | Total Projec                 | t Size (sq. ft.) 24                | 00                          |
| Lot Dimensions 40 x                           | 85                                 |                                       | >NOT PAF                     | T OF PROJECT SIT                   | ε                           |
| 2. PROJECT DESCRIPTION                        |                                    |                                       |                              | \$                                 |                             |
| Describe what is to be done:                  | CONDITIONA                         | USE PERM                              | IT FOR ON-S                  | ITE FULL 1                         | INE                         |
| Accept For                                    | TWO RESTAN                         | RANTS TOTA                            | ILING 2400                   | SQUARE F.I                         | ET W/T                      |
| SEATING FOR                                   | 103 AND OPE                        | PRATING FRUI                          | 4 10 AM - 1                  | OPM SUN-THO                        | IRS, IOAMT                  |
| Present Use:                                  | MERCIAL - RI                       | ETAL Propo                            | osed Use:                    | ESTANKANT                          | FR1-5                       |
| Present Use:                                  |                                    | Date                                  | Filed: /-                    | 25-08                              | PLUS<br>PARKI               |
| Check all that apply:                         |                                    | Change of Use                         | . · · · · ·                  | •                                  | EXEMPI                      |
|   | Commercial                         | •                                     | Q Residential                |                                    | <b>27</b> , <b>2</b> , 4, 7 |
| Additions to the building:                    | ☐ Rear                             | ☐ Front                               | ☐ Height                     | ☐ Side Yard                        |                             |
|   | •                                  |                                       | · ·                          |                                    | -                           |
| . Action(s) Requested                         |                                    |                                       |                              | +11.5.7F                           |                             |
| Describe the requested entitle                | ·                                  |                                       | ariance:                     |                                    |                             |
| Code Section from which relies FULL UNE ALCOH | · ·                                |                                       | ,                            | ·                                  | 7 - 10/ 5/                  |
| • -   | TING FROM 10A                      | ···                                   |                              |                                    |                             |
| Code Section from which relief                |                                    |                                       |                              |                                    |                             |
|   | SPACES FOR                         | <u>.</u>                              | ISE FROM R                   | ETAIL TO RI                        | STAURAN                     |
|   | 4 for 103.                         |                                       |                              |                                    | A                           |
| Code Section from which relief                |                                    |                                       |                              |                                    |                             |
| •   | 100 SQ FT., 10                     | _                                     |                              |                                    |                             |
| Code Section from which relief                |                                    | Code Secti                            | on which authorizes reli     | iet 11.5.7 C                       |                             |
| - PROJECT PERM                                | NIT FOR CHA                        | NGE DE US                             | E FRUN REI                   | THE TO TWO                         | RESTAUR                     |
| TOTALING Z                                    | 400 SQ FT., 103<br>45              | SEATS, Full                           | HUE ALCOHO                   | 10A-10p S                          | TRI-CAT                     |
| List related or pending case nu               |                                    | y.                                    |                              | 1001-124                           | r 1-7-2411.                 |
| N/A   |                                    |                                       |                              |                                    |                             |
| · .   |                                    | ·                                     |                              |                                    | <del> </del>                |
|   |                                    |                                       |                              |                                    |                             |

| SIGNATURES of adjoining or neighboring property | owners in support of the request; not required but he | especially for projects in single-family |
|---|---|--|
| residential areas. (Attach sheet, if песеssary) |   |  |

| OWNER/APPLICANT INFORMATION policant's name. GERALD. MILNE. Company WITZEND.  directs: IFITY LINCOLA BLNO. Telephone: (310) 30.5 - 4786 (1)  WENICE CA Zip: 90291 E-mail:  politics person for project information. ANNETIE VALIT. Company  directs: Sto Superara Ave. Telephone: (1)  E-mail:  APPLICANT'S AFIDANT  Under penalty of perjacy the following declarations are made:  a. The undersigned is the owner or lessoe if entire site is leased, or authorized apent of the owner with power of attorney or officers or corporation (submit perior). (NOTE: for zone charges lessoes thay red sign).  b. The information prosented is true and correct to the best of my knowledge.  Ignature: ARTHOLAT  Subscribed and sworm before me this (date):  In the County of State of California  ADDITIONAL INFORMATION/FINDBAS  In order for the City to render a determination on your application, additional information pray be required; Consult the approprints Species of the penalty of the county of the c | OWNER/APPLICANT INFORMATION  plicant's name  | NAME (Print)   | SIGNATURE ,   | ADDRESS   | KEY # ON MAP   |
|--|--|--|---|---|--|
| OWNER/APPLICANT INFORMATION  OWNER/APPLICANT INFORMATION  OWNER/APPLICANT INFORMATION  ACCORDANY  OWNER/APPLICANT INFORMATION  OWNER/APPLICANT  OWNER/APPLICANT  OWNER/APPLICANT  OWNER/APPLICANT  OWNER/APPLICANT  OWNER/A | OWNER/APPLICANT INFORMATION  plicant's name. GERALD MILNE Company WITZEND  Affress: JATH LINCOLM BLVD. Telephone: (310) 30.5 - 47 Bat (1) VENICE CA Zip: 9029   E-mail:  Coperty owner's name (if different from applicant) M/A  Affress: Telephone: (1) E-mail:  Telephone: (1) E-mail:  Telephone: (370) Tol-7990 Fax: (1) VENICE CA Zip: 9029   E-mail:  WENCE CA Zip: 9029   E-mail:  WENCE CA Zip: Benail:  APPLICANT'S AFFRANT  Under persolly of popyr the following declarations are made:  a. The undersigned is the cover or lesses if entitle site is leased, or authorized agent of the owner with power of attorney or officers opposition (extensive place) in the country of the owner with power of attorney or officers opposition (extensive place) in the country of the owner with power of attorney or officers are displayed presented by the and correct to the best of my knowledge.  Subscribed and sworn before me this (date):  Int: GRATU MILNE In the Country of State of Catifornia  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information gray be required; Consult the appropriate is instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information gray be required; Consult the appropriate is restructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  TE. All applicants are display to request a one time, one-year only freeze on fees charged by various City departments in connection with place it is additional only with this application is deemed complete or upon payment of Building and Safety plan check fees. Please each statile or an application.  Passet of the City when this application is deemed complete or upon payment of Building and Safety plan check fees. Please each statile or an application.  Passet of the City to request a one of the payme | GERALD MILNE   | Light VIII  | 159 SUPERBA AV  |  |
| OWNER/APPLICANT INFORMATION pilicant's name GERALO MILNE Company WITZEND  WENCE CA ZIP: 9029   E-mail:  Company WITZEND  WENCE CA ZIP: 9029   E-mail:  Company E-mail:  Company WITZEND  WENCE CA ZIP: 9029   E-mail:  Company E-ma | OWNER/APPLICANT INFORMATION  pilesent's name. GERALD. MILNE  Company WITZEND  Telephone: (310) 305 - 4780()  VENICE CA Zip: 9029   E-mait.  Coperty owner's name (if different from applicant)  NAT  Telephone: ( ) Fax ( )  Lenait.  Telephone: ( ) Fax ( )  Lenait.  Company  Telephone: ( ) Fax ( )  Lenait.  APPLICANT'S AFFIDANT  Under penalty of perjary the following declarations are made:  Telephone: ( 310 ) 704-7992 Fax ( )  Lenait. ANNETTE VALTE Yaby  APPLICANT'S AFFIDANT  Under penalty of perjary the following declarations are made:  Telephone: ( 310 ) 704-7992 Fax ( )  Lenait. ANNETTE VALTE Yaby  APPLICANT'S AFFIDANT  Under penalty of perjary the following declarations are made:  Telephone: ( 310 ) 704-7992 Fax ( )  Lenait. ANNETTE VALTE Yaby  APPLICANT'S AFFIDANT  Under penalty of perjary the following declarations are made:  Telephone: ( 310 ) 704-7992 Fax ( )  Lenait. ANNETTE VALTE Yaby  APPLICANT'S AFFIDANT  In the declaration presented is the owner or leases if entire site is leased, or authorized agent of the owner with power of attorney or officers cooperation (buthing proc) (NOTE: for zone-clarage) the particle of the owner with power of attorney or officers cooperation (buthing proc) (NOTE: for zone-clarage) the particle (date):  In the County of State of Castionnia  Notary Public Prove See a flux (buth):  Stamp:  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information using the handout the a guide.  Stamp:  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information using the handout the a guide.  State of Castionnia  Notary Public Prove See a flux (buth):  Stamp:  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your applicatio |  | Mille   |   | <u> </u>   |
| OWNER/APPLICANT INFORMATION  plicant's name  | OWNER/APPLICANT INFORMATION  plicant's name GERALD MILNE Company WITZEND  VENICE CA Zip: 9029 Email:  Deprity owner's name (if different from applicant) M/A  triesphone: ( ) Fax: ( )  Fa |  | THUG VI   | ul  |  |
| OWNER/APPLICANT INFORMATION  plicant's name GERALD MILNE Company WITZEND  dress: IHH LINCOLN BLVD. Telephone: (310) \$5.5 - 47 fbs (  VENICE CA Zip: 9029   E-mail:  coperty owner's name (if different from applicant) N/A  dress: Telephone: ( ) Fax: ( )  Tip: E-mail:  Interception for project information ANNETTE VALT Company  dress: \$10 SUPERRA AVE Telephone: (310) 104-7990 Fax: ( )  VENICE CA Zip: 90.291 E-mail: ANNETTE VALT C'Arbs  APPLICANT'S AFFIDAVIT  Under persulty of perkey the following declarations are made:  a. The undersymed is the owner or lessee if entire site is lessed, or authorized agent of the owner with power of attorney or officers of corporation (submit proof), MOTE: for onne changes lessee may not sign).  b. The interpution presented is true and correct to the best of my knowledge.  gnature: Verila WWW Subscribed and sworn before me this (date):  In the County of State of California  Notary Public COUNT SCO. SEQ. All MARCHES Consult the appropriate Specification for the City to render a determination on your application, additional information may be required; Consult the appropriate Specification for the City to render a determination on your application, additional information may be required; Consult the appropriate Specification for the City to render a determination on your application, additional information may be required; Consult the appropriate Specification application and Safety plan check fees. Please ask statistics or an application.  Planting Sett Use Only  Base Fee 4 9.0.23 Reviewed and Accepted by Warner of Building and Safety plan check fees. Please ask statistics or an application.  Planting Sett Use Only  Date 1/25/o7  Deemed Complete by Warner III and Complete by Date  | OWNER/APPLICANT INFORMATION  plicant's name. GERALD. MILNE. Telephone: (310) 30.5 - 47 pg. (1)  VENICE. CA. Zip: 9029   E-mail:  coperty owner's name (if different from applicant). N/A  company  Telephone: (310) 30.5 - 47 pg. (1)  Email:  company  Telephone: (310) 10.5 - 47 pg. (1)  Fax: (1)  Intact person for project information. ANNETTE. VALIT. Company  Telephone: (310) 10.4 - 79 pg. Fax: (1)  VENICE. CA. Zip: General: ANNETTE. VALIT. Company  Telephone: (310) 10.4 - 79 pg. Fax: (1)  VENICE CA. Zip: 90.2 9   E-mail: ANNETTE. VALIT. C. Yaby  APPLICANT AFFIDANT  Under paralty of perjary the following declarations are made:  a. The undersigned is the owner or lessee it entire site is leased, or subtorized agent of the owner with power of attorney or officers cooperation (shorth proof). (NOTE: for zone-changes lessee may not step).  b. The indoopsation presented is true and correct to the best of my knowledge.  gnature: Albuman. Subscribed and sworn before me this (date):  int: GERALD MUNE. In the County of Stamp:  ADOITIONAL INFORMATION/FHIDINGS  In order for the City to render a determination on your application, additional information using the handout as a guide.  DIE: All applicantes are eligible to request a one time, one-year only freeze on free changed by various City departments in connection with power of a guide.  Diesentes Start Use Only  Date: 1/25/07  Reviewed and Accepted by  Base Fee. 4 9.0.1.3 Reviewed and Accepted by  Base Fee. 4 9.0.1.3 Reviewed and Accepted by  Date: 1/25/07  Deemed Complets by  |  |   | · · · · · · · · · · · · · · · · · · ·   |  |
| plicant's name GERALD MILNE Company WITZEND  Telephone: (310) 30.5 - 47 fbc ()  VENICE CA Zip: 9029   E-mail:  Departy owner's name (if different from applicant) W/A  dress: Telephone: ( ) Fax ( )  Lip: Company E-mail:  Zip: Company   Fax ( )  Lip: E-mail:  Zip: E-mail:  Zip: E-mail:  Lintact person for project information ANNETTE VALLE Company    Lip: E-mail:  Lip: E-mail:  Lip: APPLICANT'S AFFIDANT  Under persity of perjury the following declarations are made:  a. The undersigned is the owner or lesses if entire site is leased, or authorized agent of the owner with power of attorney or officers or corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information proof). (NOTE: for zone changes lessee may not sign).  b. The information proof). (NOTE: for zone changes lessee may not sign).  Subscribed and swom before me this (date):  In the County of State of California  ate: // I / I / I / I / I / I / I / I / I /  | Interest of the City to render a determination on your application, additional information may be required; Consult the appropriate Status of the City to render a determination on your application, additional information may be required; Consult the appropriate Status of the Status of the application.  **RADITIONAL INFORMATION/FINDINGS**  **ADDITIONAL INFORMATION/FINDINGS**  **In order for the City to render a determination on your application, additional information may be required; Consult the appropriate Stricture of Building and Safety plan check fees. Please ask strailed on application.  **Panning Staff Use Only**  **Panning Staff Use  |  |   |   |  |
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| Deperty owner's name (if different from applicant)    VENICE   | Deperty owner's name (if different from applicant)    VA   | dress: 1711 LI   | NCOLN BLVD.   | Telephone: (310) 305 - 4786   | ř( <u>)                                     </u>                   |
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| Intact person for project information ANNETTE VALT Company  Iddress: Sto Superior Ave Telephone: (3/o) 104-7990 Fax: (1/o) 104 | Telephone:   Fax:   Telephone:   Fax:   Telephone:   Te   | <u> </u>   | <u> </u>  |   |  |
| Intact person for project information ANNETTE VALT Company  dress: Sto Supering A AVE Telephone: (3/o) 104-7990 Fax: (  VENICE CA Zip: 90.291 E-mail: ANNETTE VALTE VALTE  APPLICANT'S AFFIDAVIT  Under penalty of perjuty the following declarations are made: a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature: Subscribed and sworn before me this (date):  In the County of State of California  Notary Public POPE Secular the appropriate Stamp:  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required; Consult the appropriate Spe Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  TE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with y elect. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff tails or an application.  Planning Staff Use Only  ARCHITER DESCRIPTION.  Date 1/55/07  | Telephone: ( ) Fax: ( )   Telephone: ( ) Fax: ( )   Telephone: ( )   Tel   | operty owner's name (if different  | from applicant) N/A   |   | ···  |
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| Telephone: (3/o) 104-7990 Fax: (   VENICE CA   | Telephone: (3/0 ) 704-7990 Fax: (    VENICE CA   | and the second s |   |   |  |
| Telephone: (3/o) 104-7990 Fax: (    VENICE CA  | Telephone: (3/0 ) 704-7990 Fax: (  VENICE CA  APPLICANT'S AFFIDAVIT  Under penalty of perjury the following declarations are made: a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  Subscribed and swom before me this (date):  In the County of  | nfact person for project informati   | ON ANNETTE VA   | Company   |  |
| Under penalty of perjusy the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:    Subscribed and sworn before me this (date):   State of California  | Under penalty of perjury the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:    Consult   | ALO CHAE   | 104 AVE   | Telephone (3/0 ) 704-7990 Fax   | · ( )  |
| Under penalty of perjusy the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:    Subscribed and sworn before me this (date):   State of California  | Under penalty of perjury the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:    Consult   | 1/   |   | - 04291   | wood Vara Yal  |
| Under penalty of perjury the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers of corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:    GENERALD MILINE   In the County of   | Under penalty of perjury the following declarations are made:  a. The undersigned is the owner or lessee if entire site is leased, or authorized agent of the owner with power of attorney or officers corporation (submit proof). (NOTE: for zone changes lessee may not sign).  b. The information presented is true and correct to the best of my knowledge.  gnature:  |  | <u></u>   | Zip: 70211 E-man. F160  | verio Mil Chiqu  |
| In the County of   | In the County of   | corporation (submit proof<br>b. The information presente   | ). (NOTE: for zone changes li<br>dis true and correct to the be | ssee <u>may not</u> sign).<br>st of my knowledge.   | ,  |
| Notary Public POOR Security Management Complete by  Notary Public POOR Security Management Complete by  Notary Public POOR Security Management Special Poor Start Poor Security Management Special Poor Security Poor Secu | Notary Public Proce See all Who Stamp:  ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Sp. Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  OTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with object. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask statalls or an application.  Planning Staff Use Only  Base Fee 1923 Reviewed and Accepted by  Date 1/25/07  Receipt No. 273060 Deemed Complete by  Date  Date  Date  Date   | gnature: Accept  | the st  | •   |  |
| ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Spelnstructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  OTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with yoject. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff tails or an application.  Planning Staff Use Only  Base Fee 19023  Reviewed and Accepted by  Date 1/25/07  | ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required. Consult the appropriate St Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  OTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with oject. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask statilis or an application.  Planning Staff Use Only  Base Fee 19023 Reviewed and Accepted by Dancel Anadron Date 1/25/07  Receipt No. 2730(0) Deemed Complete by Dancel Anadron Date   | int: <u>GERALO</u>   | MILNE   | In the County of  | , State of California  |
| ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Specific Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  OTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your content of Building and Safety plan check fees. Please ask staff stalls or an application.  Planning Staff Use Only  Base Fee  19023  Reviewed and Accepted by  Date  Date  Date  Date   | ADDITIONAL INFORMATION/FINDINGS  In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Sp. Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.  DTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with oject. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask statalls or an application.  Planning Staff Use Only  Base Fee 1923 Reviewed and Accepted by  Daniel Anadian Date 1/25/07  Deemed Complete by  Date  Date  | ate:////////   | } .   | Notary Public 1900 Sec  | allochen   |
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| poject. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff tails or an application.  Planning Staff Use Only  Base Fee 19023 Reviewed and Accepted by Daniel Andrian Date 1/15/07  Reviewed Complete by Date   | oject. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask statistics or an application.  Planning Staff Use Only  Base Fee 49023 Reviewed and Accepted by Daniel Ahadian Date 1/25/07  Receipt No. 2730(00) Deemed Complete by Date  | Instructions handout. Provide of   | on attached sneet(s) this addi                                  | ional information using the nandour as a guide.   |  |
| Planning Staff Use Only  Base Fee 19023 Reviewed and Accepted by  Daniel Anadian Date 1/25/07  Reviewed Complete by  Date  | Planning Staff Use Only  Base Fee 19023 Reviewed and Accepted by Daniel Ahadian Date 1/25/07  Receipt No. 2730(0) Deemed Complete by Date  | oject. It is advisable only when t   | o request a one time, one-yo<br>his application is deemed co    | ear only freeze on fees charged by various City do<br>replete or upon payment of Building and Safety plants | epartments in connection with y<br>an check fees. Please ask staff |
| Paralet No.   Deemed Complete by   | Receipt No. 2730(0) Deemed Complete by Date  | mine of our obbitomorp   | ·   | Planning Staff Use Only   |  |
| Receipt No. Deemed Complete by Date  | Receipt No. 2730(0) Deemed Complete by Date  | Base Fee 19027   |   | oted by   | Date 1/25/07   |
| E13000   | 273060   | Receipt No.  | Deemed Complete I   |   | Date   |
|  |  | 273000   |   |   |  |

APCW 2008 0295

## \PPLICANT/CONSULTANT'S AFFIDAVIT

## OWNER MUST SIGN AND BE NOTARIZED;

IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED

| Owner (Owner in escrow)* (Please Print)   | I,Consultant* (Please Print)   |
|---|--|
| Signed: Heald Much - Owner  | Signed:Agent   |
| being duly sworn, state that the statements and information all respects true and correct to the best of my knowledge.  | ntion contained in this Environmental Assessment Form are edge and belief. |
| State of California, Cour   | nty and City of Los Angeles  |
| Signed: Girth for Carrier Carrier of Carrier Carrier Carrier Carrier of Carrier Carrier of Carrier | Signed:Notary  |
| State of California Carry of los Angele<br>Subscribed and sworn to before me this  25 day of Janvary, 20 0 B by (NOTARY OF CORPORATE SEAL) Serala Hilms proved to me on the businest SANSFORMING Engance be the present with  | Subscribed and sworn to before me this day of, 20 (NOTARY)                 |
| Oppered he fore me  |  |

\* If acting for a corporation, include capacity and company name.

