

MASTER LAND USE PERMIT APPLICATION
LOS ANGELES CITY PLANNING DEPARTMENT

Planning Staff Use Only

ENV No. <u>2014-1976-CE</u>	Existing Zone <u>[R]RD1.5-1</u>	District Map <u>182B149</u>
APC <u>South Valley</u>	Community Plan <u>Van Nuys - North Sherman Oaks</u>	Council <u>6</u>
Census Tract <u>68142</u>	APN <u>221802508</u>	Case Filed With [DSC Staff] <u>AM</u>
		Date <u>6/4/14</u>

CASE NO. ZA-2014 1975 -F
APPLICATION TYPE OVER-10-HEIGHT FENCE (2AD)
(curb change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SITE

Street Address of Project 14725 SHERMAN WAY Zip Code 91405
Legal Description: Lot 1B Block NONE Tract 68142
Lot Dimensions _____ Lot Area (sq. ft.) _____ Total Project Size (sq. ft.) _____

2. PROJECT DESCRIPTION

Describe what is to be done: INSTALL A 5 FT. 6 IN. HIGH WROUGHT IRON FENCE AND MULTIPLE PEDESTRIAN GATES IN FRONT OF EXISTING (UNOCCUPIED) SINGLE FAMILY HOMES (LOTS 16-20, 41-45). A VARIANCE IS NECESSARY AS FENCE IS LOCATED WITHIN FRONT SETBACK

Present Use: RESIDENTIAL Proposed Use: _____
Plan Check No. (if available) _____ Date Filed: _____

Check all that apply:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alterations	<input type="checkbox"/> Demolition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	<input type="checkbox"/> Tier 1 LA Green Code
Additions to the building:	<input type="checkbox"/> Rear	<input type="checkbox"/> Front	<input checked="" type="checkbox"/> Height
			<input type="checkbox"/> Side Yard

No. of residential units: Existing _____ To be demolished _____ Adding _____ Total _____

3. ACTION(S) REQUESTED

Describe the requested entitlement which either authorizes actions OR grants a variance:

Code Section from which relief is requested: 12.21.C.1(g) Code Section which authorizes relief: 12.24X7
over in height fence

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

List related or pending case numbers relating to this site:
CPC-7509, CPC 2006-10521-BL-ZV-ZAA-SPR, CPC-1986-784-GRC, CPC 16727-BL, ZA 2002-4507-YV, VTT 68142, AA-2002 4505 PMLA, ENV2006-10522-MWD, ENV 20024506, OB 15336, OB 11306-A, CFG 2000

4. OWNER/APPLICANT INFORMATION

Applicant's name RICHMOND AMERICAN HOMES ATTN: BEN ROCCA
Company
Address: 5171 CALIFORNIA AVE. SUITE 120 Telephone: (949) 486-2686 Fax: ()
IRVINE Zip: 92617 E-mail: ben.rocca@mdch.com

Property owner's name (if different from applicant) _____
Address: _____ Telephone: () _____ Fax: () _____
Zip: _____ E-mail: _____

Contact person for project information _____ Company _____
Address: _____ Telephone: () _____ Fax: () _____
Zip: _____ E-mail: _____

5. 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 of a 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.
- c. In exchange for the City's processing of this Application, the undersigned Applicant agrees to defend, indemnify and hold harmless the City, its agents, officers or employees, against any legal claim, action, or proceeding against the City or its agents, officers, or employees to attack, set aside, void or annul any approval given as a result of this Application.

Signature: [Handwritten Signature] Print: Sondra Harris
ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Orange
On June 3rd, 2014 before me, Cera D. Enos, Notary Public

(Insert Name of Notary Public and Title)
personally appeared Sondra Harris, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf on which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Cera D. Enos (Seal)
Signature



6. ADDITIONAL INFORMATION/FINDINGS

In order for the City to render a determination on your application, additional information may be required. Consult the appropriate Special Instructions handout. Provide on attached sheet(s) this additional information using the handout as a guide.

NOTE: All applicants are eligible to request a one time, one-year only freeze on fees charged by various City departments in connection with your project. It is advisable only when this application is deemed complete or upon payment of Building and Safety plan check fees. Please ask staff for details or an application.

Planning Staff Use Only		
Base Fee	Reviewed and Accepted by [Project Planner] <u>[Signature]</u>	Date <u>6/4/14</u>
Receipt No.	Deemed Complete by [Project Planner]	Date