

MASTER LAND USE PERMIT APPLICATION
LOS ANGELES CITY PLANNING DEPARTMENT

Planning Staff Use Only

ENV No. <u>2015-1954-CE</u>	Existing Zone <u>I R 2 R 3-1</u>	District Map <u>178-5A149</u>
APC <u>South Valley</u>	Community Plan <u>VAN NUYS - NORTH SHERMAN OAKS</u>	Council District <u>CD 6 - NUIY MARTINE</u>
Census Tract <u>1283.03</u>	APN <u>224101603-22410604</u>	Case Filed With (DSC Staff) <u>Anna M. Vidal</u>
		Date <u>MAY 22, 2015</u>

CASE NO. DIR 2015-1953-DB

APPLICATION TYPE BONUS DENSITY WITH TWO ON MENU INSENTIVES
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 6200 KESTER AVE # 148A9W, DELANO⁵⁷ Zip Code 91411
 Legal Description: Lot 13 Block 62 Tract TR 1200
 Lot Dimensions 150 x (60+50=110) Lot Area (sq. ft.) 16500 Total Project Size (sq. ft.) 26,162 =
GARAGE & EQ = 9702

2. PROJECT DESCRIPTION

Describe what is to be done: A NEW APARTMENT BUILDING WITH 16. MARKET RATE WITH 1/10
BE VERY LOW 2 UNITS @ 1/35 BONUS DENSITY 8 UNITS = TO BECOME A 22
UNIT APARTMENTS WITH 20. 2 BR ROOM 2 3 BR ROOM 2 BIKE TO REPLACE CAR PARKING
 Present Use: @ 6200 KESTER AUTO REPAIR @ 148A9 DELANO Proposed Use: 22. UNIT APARTMENT
 Plan Check No. (if available) _____ Date Filed: _____
VACANT

Check all that apply:

<input checked="" 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 checked="" type="checkbox"/> Residential	<input type="checkbox"/> Tier 1 LA Green Code

Additions to the building: Rear Front Height Side Yard

No. of residential units: Existing NONE To be demolished NONE Adding 22 Total 22

3. ACTION(S) REQUESTED

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

Code Section from which relief is requested: 16 UNITS BY AMU - 1/10. NEW Code Section which authorizes relief: 12.22A.25
1/35 BONUS DENSITY = 6 TOTAL NUMBER OF UNITS NEW
22 UNITS 20 TWO BR ROOM 2 THREE BR ROOM 2 CON IN HOME

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:

4. OWNER/APPLICANT INFORMATION

Applicant's name HOMAYOUN NEYDAROUD Company HN ARCHITECTURE
 Address: 2339 MANNING AVE Telephone: (310) 600 9987 Fax: (310) 475 6869
LOS ANGELES CA Zip: 90064 E-mail: ARCHITECTURE OF HN
@ GMAIL . COM

Property owner's name (if different from applicant) COOKESTER APARTMENTS L.L.C
 Address: 23901 Calabasas Road Telephone: (818) 914 4570 Fax: () _____
CALABASAS Zip: 91302 E-mail: SPRIEDMANN@COOPANGAPARTNERS
. COM

Contact person for project information HOMAYOUN NEYDAROUD Company HN ARCHITECTURE
 Address: 2339 MANNING AVE Telephone: (310) 600 9987 Fax: (310) 475 6869
LA CA 90064 Zip: 90064 E-mail: ARCHITECTURE OF HN
@ GMAIL . COM

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: [Signature] Print: CHRIS B. SULLIVAN

ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of _____
 On _____ before me, _____

(Insert Name of Notary Public and Title)
 personally appeared _____, 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 of 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.

(see attached) JVO

 Signature (Seal)

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 # <u>7, 115.00</u>	Reviewed and Accepted by [Project Planner]	Date
Receipt No. <u>0203 224387</u>	Deemed Complete by [Project Planner]	Date