MASTER LAND USE PERMIT APPLICATION

LOS ANGELES CITY PLANNING DEPARTMENT

	Planning Staff Use Only		
ENV No. 2015-3268-EAF	Existing Zone [Q]C2-1L-CDO	Đ	listrict Map 180 B 149
APC South Valley	Community Plan VAN NUYS-NORTH SHERMAN O		Council District 6
Census Tract 1281.02 APN 22370010		Rick Tornes	Date 9/3/15
CASE NO. ZA 2	2015 3267	<u>'-cu</u>	
APPLICATION TYPE CONDITIONAL USE	change, variance, conditional use, tract/parcel ma	an anositis plan averation at	
1. PROJECT LOCATION AND SIZE		ар, зресто ран ехсерион, екс.,	,
Street Address of Project 6710 N. VAN	NUYS BLVD UNIT C	Zip Cod	91405
Legal Description: Lot FR9		Tract	TR 1200
Lot Dimensions 100X200	Lot Area (sq. ft.)19,999.6	Total Project Size (sq.	. ft.)
2. PROJECT DESCRIPTION Describe what is to be done: Operation hours from 8am to 5pm N			
Present Use: Albordy & Spi	Proposed I	Use: 1010 books	y Spray Broth
Plan Check No. (if available)	•	•	
Check all that apply:	Construction 🚨 Change of Use	Alterations	Demolition
☑ Comm	mercial 🔲 Industrial 🖂	Residential Q	Tier 1 LA Green Code
Additions to the building:	☐ Front ☐	Height 🗀	Side Yard
No. of residential units: Existing _	To be demolished	Adding	Total
3. ACTION(S) REQUESTED			
Describe the requested entitlement which eith	ner authorizes actions OR grants a variance) :	
Code Section from which relief is requested: A request for conditional use for a B Operation hours from 8am to 5pm M	ody Repair/Garage with a spray bo	ooth.	
Code Section from which relief is requested:_	Code Secti	on which authorizes relief: _	
	······································		
Code Section from which relief is requested:	Code Secti	on which authorizes relief: _	
List related or pending case numbers relating	to this site:		

	NER/APPLICANT INFORMATION	ON					
Applicant	's name_JEAN ABDAYEM	<u></u>	Company_d	ba; AUTO CLAIM F	PAINT & BODY, LLC		
Address:	6710 VAN NUYS BLVD U	JNIT C	_Telephone: (818)_	465-3955 Fax: ()		
	VAN NUYS CA		_ _{Zip:} <u>91405</u>	E-mail:_ Auto	paintbody@GMAIL.com		
Property	owner's name (if different from a	oplicant) HANI SAYEGH					
Address:	1576 GAYWOOD DR.				·)		
	ALTADENA CA		_Zip: <u>91001</u>	E-mail:			
Contact p	person for project information Sh	HERRIE OLSON	Company P	LRC			
	1030 N MOUNTAIN AVE		Telephone: (909)	519-1816 _{Fax: (}	877 <u>)</u> 858-9868		
	ONTARIO, CA				eolson2@gmail.com		
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 exphange for the City's processing of this Application, the undersigned Applicant agrees to defend, indemnify and hold harmless the City, its egents, officers or employees, against any legal claim, action, or proceeding against the City or its agents, officers, or employees, to attack set aside, yold or annul any approval given as a result of this Application. Signature: Print: ALL-PURPOSE ACKNOWLEDGMENT State of California County of Los Angles On 26 Angles (Insert Name of Notary Public and Title) personally appeared How Folked Save of Los Who proved to me on the basis of satisfactory evidence to be the person(s)							
whose na capacity(i instrumer	ime(s) is/ are subscribed to the wi les), and that by his/her/their sign at.	thin instrument and acknowle ature(s) on the instrument th	edged to me that he/she le person(s), or the entity	/they executed the same y upon behalf on which t	e in his/h er/ the ir- authorized he person(s) acted, executed the		
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. A notary public or other officer completing this							
Signature (Seal) (Se				certificate verifies individual who signed	only the Identity of the the document to which this in and not the truthfulness,		
6. ADI	DITIONAL INFORMATION/FIND	INGS					
	rder for the City to render a ductions handout. Provide on atta				Consult the appropriate Special		
project. If		plication is deemed complete	e or upon payment of E		partments in connection with your n check fees. Please ask staff for		
Base F	ee 5 258 Ch	Plann Reviewed and Accepted [[Project Planner]	ing Staff Use Only by	<u> </u>	Date		
Receip	5,358.00	Deemed Complete by	· · · · · · · · · · · · · · · · · ·		Date		
	070 0203170	[Project Planner]	···-		<u> </u>		

CP-7771 (09/09/2011)