CITY OF LOS ANGELES DEPARTMENT OF CITY PLANNING

ENVIRONMENTAL ASSESSMENT FORM				
EAF Case No.: Council District No.: PROJECT ADDRESS:	Community Plan Are			
Major Cross Streets: VO		Van Noys CA		
Name of Applicant:	b Roshti For E	serby Hills CA goars		
Telephone No.: 310-41	e6-2449Fax No.:	E-mail:		
OWNER		APPLICANT'S REPRESENTATIVE (Other than Owner)		
Name Jacob Rashti	5 ERWINDHELLC	(Other than Owner) Name: JACQ UES MASHITH (Contact Person)		
Address: 620 Loot	HILL ROOM 9000	Address: 867/ WILSHIRE BLVD. #610		
Telephone No:	Je6-2447	Telephone No: BEV. HIUS-CA-90211 Signature: (Applicant's Representative)		
	Mtn. Zones): All Exhibits	n exhibit and 3 Environmental Assessment Forms for should reflect the entire project, not just the area in		
NOTE: The exhibits are I Assessment Form is being		equired for any case for which the Environmental		
features (similar to road	maps, Thomas Brothers M	et system, public facilities and other significant physical aps, etc.) with project area highlighted. d use and zoning to 500 feet (100 feet of additional land		
building permits 300' for	site plan review application			
topographic lines where to satisfy this requirement	grade is over 10%; tentativent, and the location and dia	proposed development including dimensions; include e tract or parcel maps where division of land is involved meter of all trees existing on the project site.		
 Application: a duplicate screening form, periodic subdivider's statement, 	comprehensive general plar	cone change, (including Exhibit "C" justification) batch review and zone change map, variance, conditional use,		
E. <u>Pictures:</u> two or more pF. <u>Notice of Intent Fee:</u> an	ictures of the project site sh UNDATED check in the am	nowing walls, trees and existing structures. nount of \$75 made out to the Los Angeles County Clerk Negative Declaration as required by § 15072 of the State		
G. Hillside Grading Areas/ of 1,000 cubic yards or n (reports needed to be de	nore shall submit a soils and termined by LADBS) to incl Approval from the Boa	ects within a Hillside Grading Area involving import/export d/or geotechnical report reviewed & approved by LADBS ude measures to mitigate impacts related to grading and rd of Building & Safety Commissioners (refer to		
APPLICATION ACCEPTED BY:)	DATE:		
ENVIRONMENTAL ASSES		DATE:		
RECEIPT NO :		D/ (1 L.		

DIR 2017 - 009 4 - DB - CD6

If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Describe entire project, not just area in need of zone change, variance, or other entitlement.

III.	Residential project (if not residentia	I, do not answer)			
Α.	Number of Dwelling Units-				
	Single Family Apar	tment	or Condominium		
B.	Number of Dwelling Units with:				
	One bedroom Two	bedrooms			
	Three bedrooms Four	or more bedrooms			
C	Total number of parking spaces provid	ed			
D.	List recreational facilities of project				
D.	List recreational facilities of project Approximate price range of units \$, Number of stories,		to \$		
F	Number of stories	height	feet.		
G	Type of appliances and heating (gas, e	electric, gas/electric	, solar)		
•	Gas heated swimming pool?				
Н	Describe night lighting of the project				
	(include plan for shielding light from ac	liacent uses, if avail	able)		
1.	Percent of total project proposed for:				
		Landscaping			
J.	Total Number of square feet of floor ar				
IV.	Commercial, Industrial or Other Pro	ject (if project is o	nly residential do not answer this section).		
	Describe entire project, not just are:	a in need of zone o	change, variance, or other entitlement.		
A.	Type of use				
	Total number of square feet of floor ar				
C.	Number of units if hotel/motel		 .		
	Number of stories hei				
Ε.	Total number of parking spaces provide	led:			
F.	Hours of operation	Days of operation			
G.	If fixed seats or beds involved, number	r			
Η.	Describe night lighting of the project _				
	(Include plan for shielding light from a	djacent uses, if avai	lable)		
1.	Number of employees per shift				
J.	Number of students/patients/patrons _		_		
K.	Describe security provisions for project	t			
L.	Percent of total project proposed for:	Building			
		Paving			
		Landscaping _			
Historic/Architecturally Significant Project					
Do	Does the project involve any structures, buildings, street lighting systems, spaces, sites or components thereof				
wh	which may be designated or eligible for designation in any of the following: (please check)				
	□ National Register of Historic Place	ces			
	□ California Register of Historic Re	esources			
	☐ City of Los Angeles Cultural Hist	oric Monument			
	☐ Within a City of Los Angeles His	toric Preservation (Overlay Zone (HPOZ)		

APPLICANT/CONSULTANT'S AFFIDAVIT

OWNER MUST SIGN AND BE NOTARIZED;

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

I, <u>ERWINONE</u> , LLC Jacob Owner (Owner in escrow)* (Please Print)	b Rashtin JACR	onsultant* (Please Print)
Signed: Owner Menbel	Signed:	Agent
being duly sworn, state that the statements a in all respects true and correct to the best of	and information contained in th of my knowledge and belief.	is Environmental Assessment Form are
**************************************	Below This Line for Notary's Use'	**************
	PURPOSE ACKNOWLEDGMEN	A notary public or other officer completing this certificate verifies only the identity of the indi-
State of California		certificate is attached, and not the truthfulness, accuracy, or validity of that document.
County of Las DNGECES		
	(Insert Name of Notary Po who proved to me on the within instrument and acknowns), and that by his/her/their signal	he basis of satisfactory evidence to be the vledged to me that he/s he/they executed
I certify under PENALTY OF PERJURY un true and correct.	nder the laws of the State of Ca	alifornia that the foregoing paragraph is
WITNESS my hand and official seal.		
Signature	(Seal)	BARED COSTANIAN Commission # 2112925 Notary Public - California Los Angeles County My Comm. Expires, Jun 20, 2019

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of LOS (INGELSS)
On December 13 2016 before me, Baren Costanian, Notary Public. (insert name and title of the officer)
personally appeared Facouss Ansilius.
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. BARED COSTANIAN Commission # 2112925 Notary Public - California Los Angeles County
Signature (Seal) My Comm. Expires Jun 20, 2019