

MASTER LAND USE PERMIT APPLICATION
LOS ANGELES CITY PLANNING DEPARTMENT

Planning Staff Use Only

ENV No.	Existing Zone	District Map
APC	Community Plan	Council District
Census Tract	APN	Case Filed With [DSC Staff]
		Date

CASE NO. _____

APPLICATION TYPE Zoning Administrator's Adjustment
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 4873 Topeka Drive Zip Code 91335
 Legal Description: Lot 75 Block 29 Tract 2605
 Lot Dimensions +/- 105' x 227' Lot Area (sq. ft.) 20,980 Sq Ft Total Project Size (sq. ft.) 400 Sq Ft

2. PROJECT DESCRIPTION

Describe what is to be done: Construct an attached tandem two car garage.

Present Use: Single family dwelling Proposed Use: Single family dwelling

Plan Check No. (if available) BV14VN00218 Date Filed: 04/03/2014

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:

<input type="checkbox"/> Rear	<input type="checkbox"/> Front	<input type="checkbox"/> Height	<input checked="" type="checkbox"/> Side Yard
-------------------------------	--------------------------------	---------------------------------	---

No. of residential units: Existing 1 To be demolished 0 Adding 0 Total 1

3. ACTION(S) REQUESTED

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

Code Section from which relief is requested: 12.07C 2 Code Section which authorizes relief: 12.28
A zoning, administrator's adjustment to allow the addition of tandem 2-car garage to an existing single family dwelling. Requesting the reduction of the existing 10'-0" side yard to approximately 3'-0".

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 Nathan Menard Company MENARCH
 Address: 225 N Broadway, Suite 216 Telephone: (714) 552-2722 Fax: ()
Santa Ana, CA Zip: 92701 E-mail: nathan@menarch.com

Property owner's name (if different from applicant) Shea Spencer & Andy Jones
 Address: 4873 Topeka Drive Telephone: (818) 231-3069 Fax: ()
Tarzana Zip: 91335 E-mail: andy.jones@magicalelves.com

Contact person for project information Nathan Menard Company MENARCH
 Address: 225 N Broadway, Suite 216 Telephone: (714) 552-2722 Fax: ()
Santa Ana, CA Zip: 92701 E-mail: nathan@menarch.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: _____ Print: Nathan Menard

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 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.

 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	Reviewed and Accepted by [Project Planner]	Date
Receipt No.	Deemed Complete by [Project Planner]	Date

SIGNATURE SHEET

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

NAME (PRINT)	SIGNATURE	ADDRESS	KEY # ON MAP