

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 Renewal of existing conditional use permit
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 2001 S. La Cienega Blvd. Zip Code 90034
 Legal Description: Lot 3 Block _____ Tract Arnaz Property
 Lot Dimensions 151' x 120' (Irregular) Lot Area (sq. ft.) 17,460 Total Project Size (sq. ft.) 10,260

2. PROJECT DESCRIPTION

Describe what is to be done: Renewal of existing conditional use permit originally issued on 3/25/1997 (case # ZA96-0801-CUZ) and renewed on 4/9/2009 (case # ZA2007-1701 CU) for operation of an auto body repair facility and painting

Present Use: Auto body repair facility Proposed Use: Same

Plan Check No. (if available) N/A Date Filed: N/A

Check all that apply: New Construction Change of Use Alterations Demolition
 Commercial Industrial Residential Tier 1 LA Green Code
 Additions to the building: Rear Front Height 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: 12.24 W4 Code Section which authorizes relief: 12.24 W4

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 Kami Pahlavan Company Kapa Investment
 Address: 3141 Donald Douglas Loop South Telephone: (310) 838-8000 Fax: (310) 398-1800
Santa Monica, CA Zip: 90405 E-mail: kami@kapa.us

Property owner's name (if different from applicant) Kapa Investment
 Address: 3141 Donald Douglas Loop South Telephone: (310) 838-8000 Fax: (310) 398-1800
Santa Monica, CA Zip: 90405 E-mail: kami@kapa.us

Contact person for project information Kami Pahlavan Company Kapa Investment
 Address: 3141 Donald Douglas Loop South Telephone: (310) 838-8000 Fax: (310) 398-1800
Santa Monica, CA Zip: 90405 E-mail: kami@kapa.us

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: KAMI PAHLAVAN

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

California All-Purpose Certificate of 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 Angeles } s.s.

On 1-28-2016 before me, JESUS LOPEZ Notary Public
Name of Notary Public Title

personally appeared KAMBIZ PAHLAVAN
Name of Signer (1)

Name of Signer (2)

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.

[Signature]
Signature of Notary Public



OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of Master Land USE PERMIT Application containing 2 pages, and dated 1-28-2016.

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-fact
- Corporate Officer(s) PRESIDENT
Titles

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:

- form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:

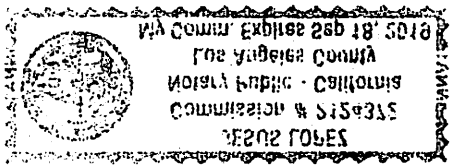
Page # _____ Entry # _____

Notary contact: _____

Other

- Additional Signer Signer(s) Thumbprints(s)

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