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: KAMBIZ 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.

_____ (Seal)
Signature

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 of Notary Public

JESUS LOPEZ
Commission # 2124372
Notary Public - California
Los Angeles County
My Comm. Expires Sep 18, 2019

Seal

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

representing:
Name(s) of Person(s) or Entity(ies) Signer is 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)

☐ _____

JESUS LOPEZ
Commission # 2124372
Notary Public - California
Los Angeles County
My Comm. Expires Sep 18, 2019