

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 _____
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project _____ Zip Code _____

Legal Description: Lot _____ Block _____ Tract _____

Lot Dimensions _____ Lot Area (sq. ft.) _____ Total Project Size (sq. ft.) _____

2. PROJECT DESCRIPTION

Describe what is to be done: _____

Present Use: _____ Proposed Use: _____

Plan Check No. (if available) _____ Date Filed: _____ **Permit Issued**

Check all that apply:

<input 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 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 type="checkbox"/> Side Yard
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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: _____ Code Section which authorizes relief: _____

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 Kambiz Hekmat Company Plaza La Reina
 Address: 10877 Wilshire Boulevard, Suite 300 Telephone: (310) 824-3000 Fax: (310) 824-2424
Los Angeles, CA Zip: 90024 E-mail: _____

Property owner's name (if different from applicant) Same
 Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

Contact person for project information Terri Dickerhoff Company CGR Development
 Address: 1120 Manzanita Street Telephone: (213) 422-1450 Fax: (323) 662-3262
Los Angeles, CA Zip: 90029 E-mail: cgrdev@sbcglobal.net

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: [Handwritten Signature] Print: Kambiz Hekmat

ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of Los Angeles

On November 10, 2014 before me, M. H. Gunderson
 (Insert Name of Notary Public and Title)

personally appeared Kambiz Hekmat, 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.
[Handwritten 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

4. OWNER/APPLICANT INFORMATION

Applicant's name _____ Company _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

Property owner's name (if different from applicant) _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

Contact person for project information _____ Company _____

Address: _____ Telephone: () _____ Fax: () _____
 _____ Zip: _____ E-mail: _____

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Signature: _____ Print: _____

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State of California

County of _____

On _____ before me, _____
 (Insert Name of Notary Public and Title)

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WITNESS my hand and official seal.

 Signature (Seal)

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