

# 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	Staff Approval *	Date

DIR 2008 853-SPY

CASE NO. \_\_\_\_\_

APPLICATION TYPE SPECIFIC PLAN REQUEST FOR PROJ. PERMIT  
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

**1. PROJECT LOCATION AND SIZE**

Street Address of Project 5161 Hollywood Blvd Zip Code 90027

Legal Description: Lot FF 60 Block NONE Tract WINONA TRACT

Lot Dimensions 79x 159 Lot Area (sq. ft.) 12,371 sq ft Total Project Size (sq. ft.) 17452 sq ft

**2. PROJECT DESCRIPTION**

Describe what is to be done: Change of Use From Grocery Store to Private Club for Card + Games

Present Use: Grocery STORE Proposed Use: PRIVATE CARD CLUB

Plan Check No. (if available) \_\_\_\_\_ Date Filed: \_\_\_\_\_

- Check all that apply:
- New Construction
  - Change of Use
  - Alterations
  - Demolition
  - Commercial
  - Industrial
  - Residential

- Additions to the building:
- Rear
  - Front
  - Height
  - Side Yard

**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: \_\_\_\_\_

Project Permit for Change of Use - Tenant Improvement

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 sheet, if necessary)

NAME (Print)	SIGNATURE	ADDRESS	KEY # ON MAP

**4. OWNER/APPLICANT INFORMATION**

Applicant's Name Ara Kirakosyan Company Twisted Spade LLC  
 Address: 9663 Santa Monica #868 Telephone: (818) 425-7510 Fax: (818) 425-7510  
Beverly Hill, CA Zip: 90000 E-mail: \_\_\_\_\_

Property Owner's Name (if different than applicant) MICHAEL BLASER, AMERICOST REALTY  
 Address: 2659 Townsgate Rd #111 Telephone: (805) 476-7790 Fax: (805) 497-1344  
Westlake Village Zip: 91361 E-mail: MBLASER@AMERICOSTFINANCIAL.COM

Contact Person for project information Shannon Nichols  
 Address: 6248 Colgate Ave Telephone: (310) 550-6459 Fax: ( ) \_\_\_\_\_  
LOS Angeles Zip: 90048 E-mail: nicholsshac@hotmail.com

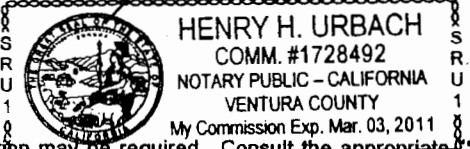
**5. APPLICANT'S AFFIDAVIT**

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.

Signature: [Signature]  
 Print: C. MICHAEL BLASER  
 Date: FEB. 29, 2008

Subscribed and sworn before me this (date): FEB 29, 2008  
 In the County of LOS ANGELES State of California  
 Notary Public Henry H. Urbach  
 Stamp: \_\_\_\_\_



**7. 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 hand-out 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.

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Base Fee	Reviewed and Accepted by	Date
Receipt No.	Deemed Complete by	Date