

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

1. PROJECT LOCATION AND SIZE

Street Address of Project 14611 1/2 VENTURA BLVD. Zip Code 91403
 Legal Description: Lot 17 Block A Tract 6852
 Lot Dimensions 30' X 130' Lot Area (sq. ft.) 3,819.6 Total Project Size (sq. ft.) 2,412

2. PROJECT DESCRIPTION

Describe what is to be done: A conditional use permit for the sale of a full line of alcoholic beverages for onsite consumption in conjunction with and existing restaurant with 54 seats and a proposed patio with 14 seats, having hours of operations 11am to 12am daily.

Present Use: RESTAURANT Proposed Use: RESTAURANT

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

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: _____ Code Section which authorizes relief: 12.24 - W 1
Conditional Use to permit the sale of a full line of alcoholic beverages for onsite consumption in conjunction with and existing restaurant with 54 seats and a proposed patio with 14 seats, having hours of operations 11am to 12am daily.

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:

ZA-2010-0268 (CUB)

4. OWNER/APPLICANT INFORMATION

Applicant's name JASPAL SINGH Company TAMARIND CUISINE OF INDIA
 Address: 14611 1/2 VENTURA BLVD. Telephone: (818) 264-5641 Fax: ()
SHERMAN OAKS, CA Zip: 91403 E-mail: _____

Property owner's name (if different from applicant) SIPI SPEISER
 Address: 225 W. 83RD STREET. # 14Z Telephone: (818) 704-4200 Fax: ()
NEW YORK, NY Zip: 10024 E-mail: _____

Contact person for project information PATRICK E. PANZARELLO Company PATRICK E. PANZARELLO CONSULTING SERVICES
 Address: 9111 MORNING GLOW WAY Telephone: (818) 310-8589 Fax: ()
SUN VALLEY, CA Zip: 91352 E-mail: patpanz@inbox.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: [Handwritten Signature] Print: YOSEFA GALCHEN
AS Attorney in FACT for SIPI SPEISER

ALL-PURPOSE ACKNOWLEDGMENT

State of ~~California~~ NEW-YORK

County of new york

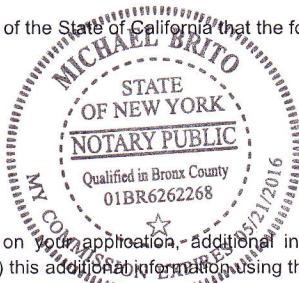
On new york before me, Michael Brito, Banker
 (Insert Name of Notary Public and Title)

personally appeared YOSEFA GALCHEN, 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)
 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