

Greater Valley Glen Council Project Information Form

Draft 11/27/2010

Developer Contact Information

Name _____
Company _____
Address _____

Phone _____
Fax _____
Mobile _____
e-mail _____

Project Address: _____

Existing Construction Description

Zone: _____ Lot Area - SF: _____ Building - SF: _____
Year Constructed: _____

Current Use Type (check applicable boxes):

Apartments Condominiums Retail Office
Single Family Residence Other (describe): _____
List accessory uses if any (e.g. detached garage): _____
Parking: _____ Covered: _____ Other _____
Easements (describe) _____

Proposed Zone and Use

Zone: _____ Lot Area - SF: _____ Building - SF: _____

Project Type (check applicable boxes):

Apartments Condominiums Retail Office
One Family Residence Other (describe): _____
Application made for density bonus Density Bonus Ratio _____

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Units (if applicable)

	Unit Count	Average Unit SF
Studio	_____	_____
One Bedroom	_____	_____
Two Bedroom	_____	_____
Three Bedroom	_____	_____
Four Bedroom	_____	_____
Total		

Project Square Footage (Calculate per current UBC)

Residential including circulation and accessory uses:	_____
Commercial	_____
Parking	_____
Total	

Parking Analysis

General	Surface	Below Grade	Garden Level	Subtotal
Standard	_____	_____	_____	_____
Compact	_____	_____	_____	_____
Disabled Access	_____	_____	_____	_____
Total				

By Unit Type

Unit Type	Unit Count	Parking Spaces Per Unit	Subtotal
Non - Tandem			
Studio	_____	_____	_____
One Bedroom	_____	_____	_____
Two Bedroom	_____	_____	_____
Three Bedroom	_____	_____	_____
Four Bedroom	_____	_____	_____
Guest Parking	_____	_____	_____
Total			

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Tandem

Studio _____
One Bedroom _____
Two Bedroom _____
Three Bedroom _____
Four Bedroom _____
Guest Parking _____
Total _____

Grand Total

Estimated Construction Cost (Optional): _____

Estimated Start of Construction: _____

Estimated Completion of Construction: _____

Estimated Residential Rates

Average Sales Price Per Unit _____

Average Rent Rate Per Unit _____

Commercial Lease Rates

Triple Net _____

Other _____

Proposed Motion For Council Consideration:

Zone Change _____

Building Line Adjustment _____

Height Change _____

Parking Adjustment _____

Projections into required yard _____

Other _____

Applicable agencies for the above with
phone numbers

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Recommended Submittal Materials

Note: Incomplete submittal packages may lead to postponement of your review.

Site plan, floor plans and elevations to scale with critical dimension and features clearly indicated

Photos of existing site

Rendering or models of proposed improvements

Parcel Map and Profile (see Zimas page at LA City Department of Building and Safety website)

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