



Address Any Communications to:  
**OFFICE OF ZONING ADMINISTRATION**  
200 N. SPRING ST., 7<sup>TH</sup> FLOOR  
LOS ANGELES, CA 90012  
(213) 978-1318  
FAX - (213) 978-1334

**NOTICE OF PUBLIC HEARING TO PROPERTY OWNERS**

- 9 Within a 100-Foot Radius
- 9 Within a 500-Foot Radius
- 9 Abutting a Proposed Development Site
- 9 And Occupants within a 100-Foot Radius
- 9 And Occupants within a 500-Foot Radius

CASE NO. ZA 2005-4597(CUB)(CU)(ZV)(ZAA)  
CONDITIONAL USE, ZONE VARIANCE, AND  
ZONING ADMINISTRATOR'S ADJUSTMENT

SILVER LAKE-ECHO PARK  
PLANNING AREA  
DISTRICT MAP NO.145.5A201  
COUNCIL DISTRICT NO.13

The Office of Zoning Administration will conduct a public hearing which you may attend.

PLACE: Los Angeles City Hall  
200 North Spring Street, Room 1020  
(Enter From Main Street)  
Los Angeles, CA 90012

TIME: **THURSDAY, MAY 4, 2006 AT 9:30 A.M.**

APPLICANT: DANA HOLLISTER

The purpose of the hearing is to obtain testimony from affected and/or interested persons regarding this application. Interested parties are also invited to submit written comments regarding the request prior to the hearing. The environmental impact will be among the matters considered at the hearing.

REQUEST: 1) A Conditional Use Permit, pursuant to the provisions of Section 12.24-W,1 of the Los Angeles Municipal Code, to permit the sale and dispensing of a full line of alcoholic beverages for on-site consumption, in conjunction with a 17,899 square-foot hotel, a 4,236 square-foot 132-seat restaurant/bar/lounge having hours of operation from 6 a.m. to 2 a.m. daily; and also for alcohol consumption for controlled access cabinets in conjunction with each room of the proposed 17,899 square-foot hotel; 2) a Conditional Use Permit, pursuant to the provisions of Section 12.24-W,24 to permit the expansion and conversion of an existing motel into a 17,899 square-foot newly renovated hotel; 3) Pursuant to the provisions of Section 12.27, a Variance from Section 12.26-E,5 to permit the required 50 parking spaces through lease in lieu of a recorded covenant; and 4) Pursuant to the provisions of Section 12.28-A, an Adjustment from Section 12.21-C,1(g) to permit a 10-foot wall in a residential (R3) zone.

PROPERTY INVOLVED: 4301 West Sunset Boulevard, legally described as Lots 8 and 9, Bates Sunset Boulevard Tract, as more specifically described in the application. The property is zoned C1-1VL. (SEE OTHER SIDE FOR VICINITY MAP)

REVIEW OF FILE: Case No. ZA 2005-4597(CUB)(CU)(ZV)(ZAA) containing the application, maps and exhibits with the request, is available in the Office of Zoning Administration, 7th Floor, 200 North Spring Street, Los Angeles, CA 90012, between the hours of 7:15 a.m. and 4 p.m., Monday through Friday. Please call (213) 978-1318, (818) 756-8121 or (310) 548-7721 in advance to assure that the file will be available. The file will be unavailable for review the day of the hearing.

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

Pursuant to California Government Code Section 65009(b)(2), any court challenge to the Zoning Administrator's action on this matter may be limited to only those issues raised prior to the close of the public hearing.

IF YOU ARE NO LONGER THE OWNER OF THE PROPERTY WITHIN THIS AREA, PLEASE FORWARD THIS NOTICE OF HEARING TO THE NEW OWNER.

(Tear Off)

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CASE NO. ZA 2005-4597(CUB)(CU)(ZV)(ZAA)

You will be sent a copy of the decision if your property touches or is across the street from the subject property. Others wishing a copy must mail this tear-off form and a self-addressed stamped legal-size envelope within 15 days to:

Office of Zoning Administration  
7th Floor  
200 North Spring Street  
Los Angeles, CA 90012

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

# MASTER LAND USE PERMIT APPLICATION

## LOS ANGELES CITY PLANNING DEPARTMENT

*Planning Staff Use Only*

|                     |                       |                         |
|---------------------|-----------------------|-------------------------|
| <b>ENV No.</b>      | <b>Existing Zone</b>  | <b>District Map</b>     |
| <b>APC</b>          | <b>Community Plan</b> | <b>Council District</b> |
| <b>Census Tract</b> | <b>APN</b>            | <b>Staff Approval *</b> |
|                     |                       | <b>Date</b>             |

\* Approval for Filing by Community Planning or Division of Land Staff, When Applicable

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

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 |                                     |

Additions to the building:

|                               |                                |                                 |                                    |
|-------------------------------|--------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Rear | <input type="checkbox"/> Front | <input type="checkbox"/> Height | <input type="checkbox"/> 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: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Owner's Name (if different than applicant) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person for project Information \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Fax: ( 323 )464-6272 \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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: \_\_\_\_\_ Subscribed and sworn before me this (date): \_\_\_\_\_

Print: \_\_\_\_\_ In the County of \_\_\_\_\_ State of California

**Notary Public** \_\_\_\_\_

Date: \_\_\_\_\_ 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.

*Planning Staff Use Only*

|                    |                                 |             |
|--------------------|---------------------------------|-------------|
| <b>Base Fee</b>    | <b>Reviewed and Accepted by</b> | <b>Date</b> |
| <b>Receipt No.</b> | <b>Deemed Complete by</b>       | <b>Date</b> |