

Pacific Palisades Civic League

PO Box 733, Pacific Palisades, CA 90272

Office: 310.459.9211 Fax: 310.454.2918

Email: office.ppcl@gmail.com

Website: PPCL9300.org

APPLICATION FOR APPROVAL OF PROPERTY ALTERATION / CONSTRUCTION IN TRACT 9300

(Use Black Pen)

Date Submitted: _____

Street Address of Property: _____

Legal Description: Lot # _____ Block # _____ Tract 9300

Owner: _____ Tel# _____ Email: _____

(If LLP or LLC provide Person of Record)

Address: _____ City: _____ State, Zip: _____

Architect/Designer: _____ Tel# _____ Email: _____

Address: _____ City: _____ State, Zip: _____

Builder: _____ Lic # _____

Address: _____ City: _____ State, Zip: _____

Person Submitting Application: _____ Tel# _____ Email: _____

Amount of Fee Submitted (See Fee Schedule) _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS COMPLETED APPLICATION FORM:

Only complete application packages will be considered

1. Application Fee (as indicated in Fee Schedule) Check Payable to: "Pacific Palisades Civic League".
2. Two sets of fully dimensioned architectural plans as follows (folded to 8 ½ x 11): All plans must be dated.
 - 2.1. Site plan showing location of existing and proposed structure at 1/8" scale or larger, including tabulation of all existing and proposed areas, lot area and coverage; indicate NORTH arrow;
 - 2.2. Floor plans (with North indication) with all new walls clearly delineated, building sections and roof plan at ¼" scale;
 - 2.3. All exterior elevations at ¼" scale with building heights dimensioned to average natural grade;
 - 2.4. Landscape Plan (for new dwellings or remodels which add or alter more that 50% of existing floor area).
3. Architectural Survey (one copy).
4. 15-Sets of 8 ½ x 11 reductions of above noted plans, stapled; **Numbers & text must be legible.**
5. 8-Sets of 8 ½ x 11 reductions of above site plan, roof plan, exterior elevations and landscape plan only, stapled. (PPCL will send to neighborhood notification list) Do not include Floor Plans in this set of 8-copies. **Numbers & Text must be legible.**
6. Color and material concepts for exterior building finishes.
7. 8-Envelopes stamped (with appropriate postage on each envelope) and addressed per the "Neighborhood Comment Sheet" to "Property Owner" (owner's name not required). Envelope Return Address to be PPCL, PO Box 733, Pacific Palisades, CA 90272. The Civic League will mail the Comment Sheet and one reduced plan-set, per item #5 above, to the adjacent property owners. **(See Instructions concerning Neighborhood Comment Sheet mailing)**

**APPLICATION FOR APPROVAL OF
PROPERTY ALTERATION/CONSTRUCTION IN TRACK 9300**

Application - Page 2

FOR USE BY PPCL OFFICE:			
Fee: (See "Fee Schedule") _____		Rush Review Fee? _____	Yes _____ No _____
Date Received: _____	Ck # _____	Amount: _____	
Received by _____			

Applicant to Complete the Following:

Check all those that apply: Residence Condominium Commercial
 New Construction Remodel
 Demolition: None Partial Total
 Second Story Addition Landscaping

Permits (Give Dates as appropriate):

Planning Department: _____ Submitted _____ Approved _____ Not needed
 Costal Commission: _____ Submitted _____ Approved _____ Not Needed
 Building and Safety: _____ Submitted _____ Approved _____

Project Statistics:	Existing	Proposed	Guidelines
a. Site dimensions	_____ X _____ ft	_____ X _____ ft	_____ X _____ ft
b. Lot Size	Sqft:	Sqft:	Sqft:
c. First Floor	Sqft:	Sqft:	Sqft:
d. Second Floor	Sqft:	Sqft:	Sqft:
e. Third Floor	Sqft:	Sqft:	Sqft:
f. Basement	Sqft:	Sqft:	Sqft:
g. Garage	Sqft:	Sqft:	Sqft:
h. Other enclosed areas	Sqft:	Sqft:	Sqft:
i. Total sf. of Structure	Sqft:	Sqft:	Sqft:
j. Lot Coverage	%	%	50 %
k. Floor Area Ratio	%	%	%
l. Front Setback (per City prevailing calculations)	ft.	ft.	ft.
m. Left-side Setback	ft.	ft.	ft.
n. Right-side Setback	ft.	ft.	ft.
o. Rear Setback	ft.	ft.	20% of lot depth at 2 nd floor ft.
p. Max Height from Datum			28 ft. or 25 feet for Flat Roofs
q. Max Vertical Wall Ht.			22 ft.

**APPLICATION FOR APPROVAL OF
PROPERTY ALTERATION/CONSTRUCTION IN TRACK 9300**

Application - Page 3

IMPACT:

1. Will this project lead to a reduction in privacy for neighbors? Please specify any concerns, including addresses of affected neighbors.

2. Will project impair existing view of ocean, mountains or canyons? Specify concerns of affected neighbors and include address.

3. Will this project result in a change of existing vegetation? If trees are removed, will there be replacements? Please specify:

Civic League Reviewer Only:

Recommend to Approve _____ Yes _____ No _____ Table

Conditions for Approval:

Reviewer: _____ Date Reviewed: _____

Revised January 2015