

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	Staff Approval *
		Date

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

CASE No. _____
 APPLICATION TYPE Project Permit Compliance with Foothill Specific Plan
(zone change, variance, conditional use, tract/parcel map, specific plan exception, etc.)

1. PROJECT LOCATION AND SIZE

Street Address of Project 8040 Foothill Blvd. Zip Code 91040
 Legal Description: Lot FR 2 Block -- Tract TR 18980
 Lot Dimensions IRR 610x850 Lot Area (sq. ft.) 482000 Total Project Size (sq. ft.) 123,505

2. PROJECT DESCRIPTION

Describe what is to be done: Conversion of a Kmart retail store with indoor/outdoor garden center into a Home Depot retail store with garden center

Present Use: Commercial & parking Proposed Use: Same

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

Check all that apply:

<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Change of Use	<input checked="" type="checkbox"/> Alterations	<input checked="" type="checkbox"/> Demolition
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential	
Additions to the building: <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Height	<input checked="" 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: _____
Project permit compliance review with the Foothill Specific Plan

Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

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Code Section from which relief is requested: _____ Code Section which authorizes relief: _____

List related or pending case numbers relating to this site:

rec 4/29/05

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 Scott Mommer Company Scott A. Mommer Consulting
 Address: 4630 W. Jacquelyn Avenue, Suite 119 Telephone: (559) 276-2790 Fax: (559) 276-0850
Fresno, CA Zip: 93722 E-mail: _____


Property Owner's Name (if different than applicant) Paul & Eleanor Sade, Trustees of the Paul & Eleanor Sade Trust ^{Revocable}
 Address: 700 S. Orange Ave. Telephone: () _____ Fax: () _____ ^{dated August 6, 1985}
West Covina Zip: 91790 E-mail: _____

Contact Person for project information John Parker, GLM Associates
 Address: 1605 Astor Ave. Telephone: (805) 927-7550 Fax: (805) 927-7564
Cambria Zip: 93428 E-mail: ParkerGroup@charter.net

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: Eleanor Sade
 Print: _____
 Date: 3/27/05

Subscribed and sworn before me this (date): _____
 In the County of _____ State of California
 Notary Public _____
 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

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

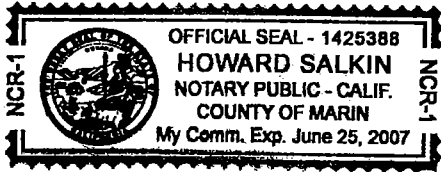
County of MARIN } ss.

On 3/23/05, before me, Howard Salkin, Notary Public,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared PAUL SADE & ELEANOR SADE,
Name(s) of Signer(s)

personally known to me

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 of which the person(s) acted, executed the instrument.



Place Notary Seal Above

WITNESS my hand and official seal.

Howard Salkin
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: MASTER LAND USE PERMIT APPLICATION

Document Date: 3/23/05 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: PAUL SADE

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____

Signer's Name: ELEANOR SADE

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Signer Is Representing: _____