

**HARDSHIP EXEMPTION APPLICATION**

ICO Area: <i>citywide</i>	Council File No.: <i>05-0872-592</i>
Interim Control Ordinance No.: <i>179027</i>	Additional Interim Control Ordinance No.: <i>_____</i>
Effective Date: <i>09-14-07</i>	

Applicant (Record Owner): <i>Justin Keirn</i>	Telephone: <i>818-904-6797</i>
<i>The Van Nuys Shop</i>	

Applicant Mailing Address: <i>5616 1/2 Kester Ave, Van Nuys</i>	Zip Code: <i>91411-3305</i>
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Applicant's Representative: <i>Justin Keirn</i>	Telephone: <i>818-904-6797</i>
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Representative's Mailing Address: <i>5616 1/2 Kester Ave, Van Nuys</i>	Zip Code: <i>91411-3305</i>
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Property Address: <i>5616 1/2 Kester Ave</i>	Lot Area (sq. ft.): <i>_____</i>
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Legal Description: <i>_____</i>	Structure/Building Construction Date: <i>1951</i>
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Existing Zone (ZIMAS): <i>C105-1VL</i>	Permit History (Include Permit Numbers): <i>(See ZIMAS)</i>
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Existing Land Use Designation (From City Planning Department): <i>1100 - Stores</i>
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Describe Current Use (Include size in square feet, height, etc.): <i>Medical Cannabis Dispensary/Collective per CA Prop 215, SB 420, LA ICO 179027</i>
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APPROVED BY  
*mat*  
CITY CLERK

Note: A Master Land Use Application is not required.

2008 NOV -5 AM 11:31

RECEIVED  
CITY CLERKS OFFICE

PLANNING & LAND  
USE MANAGEMENT

**Describe Proposed Project and Use** (Include size in square feet, height, etc.):

Medical Cannabis Dispensary/collective per CA Prop 215,  
SB 420, LA ZCO 179027

**Why do you believe a hardship exists for which an exemption should be granted?** (Attach a statement on a separate sheet if necessary. An economic analysis may also be submitted.)

MCD just became aware of need to register with city. Applicant is in full compliance with Los Angeles city permits and requirements (see attached). Applicant asks for council's approval.

**Do you have any ownership interest in any other parcels within 300 feet of this property?** ( ) Yes (X) No  
(If yes, submit a map showing the location and boundaries of the property for which an exemption is being requested, and the location of the other ownerships.)

#### **ADDITIONAL INFORMATION FILING REQUIREMENTS**

In addition to this form, all below items should be included with the application, unless otherwise instructed by City Staff.

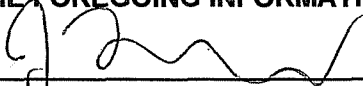
- a. Attach a **map showing the location and boundaries** of the property for which the exemption is being requested. (May be the same map as required in No. 7)
- b. Attach a **Plot Plan** showing the building footprint, parking plan, landscaping, balconies, driveways, any amenities, etc.
- c. Attach an **Elevation Plan**, which includes dimensions for all views.
- d. Attach **Building Plans**. If plans have been accepted by the Department of Building and Safety, list Plan Check No. \_\_\_\_\_ and Submittal Date \_\_\_\_\_.
- e. Submit a **Project History** summary that includes dates and descriptions of meetings, negotiations, expenditures, commitments, etc.
- f. Submit **Photographs** of the subject property and all surrounding property – not over 8 ½ x 11 inches, but of adequate size to illustrate the condition and physical context of the property under discussion.
- g. Attach any **additional information** as needed.

**Note: A Master Land Use Application is not required.**

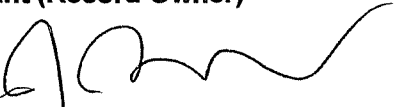
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THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

  
\_\_\_\_\_  
Applicant (Record Owner) \*

11.03.08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Representative

11.3.8  
\_\_\_\_\_  
Date

\* *Proof of ownership will be required at the time of application submittal. A recorded grant deed and/or City Clerk's ownership records printout are acceptable.*

**Note: A Master Land Use Application is not required.**

**MEDICAL MARIJUANA DISPENSARY  
BUSINESS INFORMATION FORM**

Business Name <i>The VAN Nuys Shop</i>	Telephone Number <i>818-904-6797</i>
Street Address, Unit # <i>5616 1/2 Kester Ave</i>	
City, State, Zip <i>VAN Nuys, CA 91411-3305</i>	
Business Owner <i>Justin Keirn</i>	Telephone Number <i>818-904-6797</i>
Business Operator/Manager <i>- SAME -</i>	Telephone Number

Fill out the information form above and attach the following documents.

- a. City of Los Angeles Tax Registration Certificate
- b. State Board of Equalization seller's permit
- c. Property lease or documentation of ownership
- d. Business insurance
- e. Dispensary membership forms (blank)
- f. ~~Los Angeles County Health Department permit (if needed)~~ *N/A*

*[Signature]* \_\_\_\_\_ *11.3.08* \_\_\_\_\_  
Signature Date

I certify that to the best of my knowledge and under the penalty of perjury, that the information contained on this Medical Marijuana Dispensary Business Information Form is correct.

I further certify that to the best of my knowledge and under the penalty of perjury, that attached documents are correct and true.

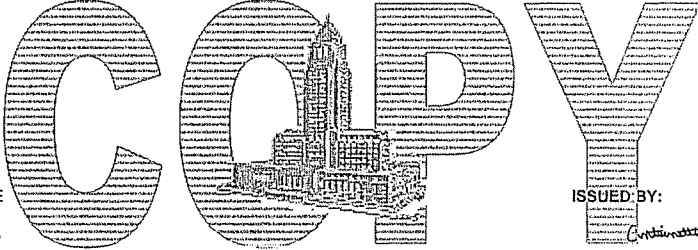
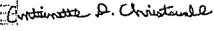


CITY OF LOS ANGELES  
Office of Finance  
P.O. Box 53200  
Los Angeles CA 90053-0200

JUSTIN KEIRN  
THE VAN NUYS SHOP

5616 1/2 KESTER AVENUE  
VAN NUYS, CA 91411-3305

5616 1/2 KESTER AVENUE  
VAN NUYS, CA 91411-3305

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS					
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE					
THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED					
BUSINESS TAX				ISSUED: 10/02/2008	
ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS	
0002380986-0001-5	L044	Retail Sales	10/02/2008	Active	
JUSTIN KEIRN THE VAN NUYS SHOP				ISSUED BY:	
5616 1/2 KESTER AVENUE					
VAN NUYS, CA 91411-3305				DIRECTOR OF FINANCE	
5616 1/2 KESTER AVENUE VAN NUYS, CA 91411-3305					

CALIFORNIA STATE BOARD OF EQUALIZATION

**SELLER'S PERMIT**



ACCOUNT NUMBER

10/5/2008 SR AC 101-145374

THE VAN NUYS SHOP  
 JUSTIN DANIEL KEIRN  
 5616 1/2 KESTER AVE  
 VAN NUYS, CA 91411-3305

*NOTICE TO PERMITTEE:  
 You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.*

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

*Not valid at any other address*

**For general tax questions, please call our Information Center at 800-400-7115.**

**For information on your rights, contact the Taxpayers' Rights Advocate Office at 888-324-2798 or 916-324-2798.**

BOE-442-R REV. 15 (2-06)

**A MESSAGE TO OUR NEW PERMIT HOLDER**

**As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:**

- Visiting our website at [www.boe.ca.gov](http://www.boe.ca.gov)
- Visiting a district office
- Attending a Basic Sales and Use Tax Law class offered at one of our district offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Information Center at 800-400-7115

**As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. Conversely, you have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,**

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the Board
- You are responsible for following the regulations set forth by the Board

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a Board representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a Board office, or giving it to a Board representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the Board, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 888-324-2798 or 916-324-2798. Their fax number is 916-323-3319.

**Please post this permit at the address for which it was issued and at a location visible to your customers.**



**AIR COMMERCIAL REAL ESTATE ASSOCIATION  
STANDARD INDUSTRIAL/COMMERCIAL  
MULTI-TENANT LEASE - GROSS**

**1. Basic Provisions ("Basic Provisions").**

1.1 Parties: This Lease ("Lease"), dated for reference purposes only June 30, 2008  
is made by and between Blooper, LLC

\_\_\_\_\_ ("Lessor")  
and Justin Kiern

\_\_\_\_\_ ("Lessee"), (collectively the "Parties", or individually a "Party").  
1.2(a) Premises: That certain portion of the Project (as defined below), including all improvements therein or to be provided by Lessor under the terms of this Lease, commonly known by the street address of 5616 Kester Avenue located in the City of Van Nuys, County of Los Angeles, State of California, with zip code 91401, as outlined on Exhibit A attached hereto ("Premises") and generally described as (describe briefly the nature of the Premises): approximately 1400 square feet of commercial improvements

In addition to Lessee's rights to use and occupy the Premises as hereinafter specified, Lessee shall have non-exclusive rights to any utility raceways of the building containing the Premises ("Building") and to the Common Areas (as defined in Paragraph 2.7 below), but shall not have any rights to the roof, or exterior walls of the Building or to any other buildings in the Project. The Premises, the Building, the Common Areas, the land upon which they are located, along with all other buildings and improvements thereon, are herein collectively referred to as the "Project." (See also Paragraph 2)

1.2(b) Parking: three unreserved vehicle parking spaces. (See also Paragraph 2.6)  
1.3 Term: three years and \_\_\_\_\_ months ("Original Term") commencing July 15, 2008 ("Commencement Date") and ending July 14, 2011 ("Expiration Date"). (See also Paragraph 3)

1.4 Early Possession: \_\_\_\_\_ ("Early Possession Date"). (See also Paragraphs 3.2 and 3.3)  
1.5 Base Rent: \$ 5,600.00 per month ("Base Rent"), payable on the first day of each month commencing September 1, 2008. (See also Paragraph 4)

If this box is checked, there are provisions in this Lease for the Base Rent to be adjusted.  
1.6 Lessee's Share of Common Area Operating Expenses: sixty four percent (64%) ("Lessee's Share"). Lessee's Share has been calculated by dividing the approximate square footage of the Premises by the approximate square footage of the Project. In the event that that size of the Premises and/or the Project are modified during the term of this Lease, Lessor shall recalculate Lessee's Share to reflect such modification.

1.7 Base Rent and Other Monies Paid Upon Execution:  
(a) Base Rent: \$ 5,600.00 for the period first months rent  
(b) Common Area Operating Expenses: \$ \_\_\_\_\_ for the period \_\_\_\_\_  
(c) Security Deposit: \$ 7,500.00 ("Security Deposit"). (See also Paragraph 5)  
(d) Other: \$ 6,212.00 for last months rent  
(e) Total Due Upon Execution of this Lease: \$ \_\_\_\_\_

1.8 Agreed Use: compassion act of 1996 - Prop 215 sales  
\_\_\_\_\_  
(See also Paragraph 6)

1.9 Insuring Party. Lessor is the "Insuring Party". (See also Paragraph 8)  
1.10 Real Estate Brokers: (See also Paragraph 15)

(a) Representation: The following real estate brokers (the "Brokers") and brokerage relationships exist in this transaction (check applicable boxes):  
 none represents Lessor exclusively ("Lessor's Broker");  
 none represents Lessee exclusively ("Lessee's Broker"); or  
 \_\_\_\_\_ represents both Lessor and Lessee ("Dual Agency").

(b) Payment to Brokers: Upon execution and delivery of this Lease by both Parties, Lessor shall pay to the Brokers the brokerage fee agreed to in a separate written agreement (or if there is no such agreement, the sum of \_\_\_\_\_ or \_\_\_\_\_ % of the total Base Rent for the brokerage services rendered by the Brokers).

1.11 Guarantor. The obligations of the Lessee under this Lease are to be guaranteed by \_\_\_\_\_ ("Guarantor"). (See also Paragraph 37)

1.12 Attachments. Attached hereto are the following, all of which constitute a part of this Lease:  
 an Addendum consisting of Paragraphs \_\_\_\_\_ through \_\_\_\_\_;  
 a site plan depicting the Premises;  
 a site plan depicting the Project;  
 a current set of the Rules and Regulations for the Project;  
 a current set of the Rules and Regulations adopted by the owners' association;

JK  
INITIALS

\_\_\_\_\_  
INITIALS

Policy Number: CP95021522

Date Entered: 4/23/2008

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 5/1/2008
<b>PRODUCER</b> WCFL Insurance Services 1022 Grand Ave Carlsbad, CA 92008  Phone: (760) 585-0200 Fax: (760) 720-4900	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>INSURED</b>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
The Van Nuys Shop Mr. Richard Khoury 5616 1/2 Kester Ave. Van Nuys, CA 91411	INSURER A: Penn-Star Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CP95021522	4/18/2008	4/18/2009	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/DP AGG \$EXCLUDED								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER				<table border="1" style="font-size: x-small; width: 100%;"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Insurance

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Karen Beck</i>



# The Van Nuys Shop

5616 1/2 KESTER BLVD.  
VAN NUYS, CA 91411  
818-904-6756

As a qualified patient protected by California law, health & safety code 11362.5 and 11362.7, et seq., in conjunction with California state bill 420, you are required to read and agree to the following statements to become a member of the *THE VAN NUYS SHOP*. Please understand this is for your protection as well as ours. Please read the following statements and initial that you have read each of the statements and understand them I hereby declare that I am a qualified patient under California H&S code 11362.5 and 11362.7 et seq., and my doctor has recommended, prescribed and approved my use of medical marijuana. As per California H&S 11362.51, I am legally able use posses and cultivate cannabis for medical purposes. I understand that I am allowed to do so through safe and affordable access such as the type provided by *THE VAN NUYS SHOP* therefore, designate the *THE VAN NUYS SHOP* as my care provider for this purpose. In doing so, I agree to sign and follow all of the *THE VAN NUYS SHOP* rules and regulations regarding their services. I also agree to pay all personal out of pocket expenses in reasonable compensation for the *THE VAN NUYS SHOP* member services.

**1) PATIENT INITIAL:** \_\_\_\_\_

I hereby declare under penalty of perjury under the laws of the state of California that a medical doctor recommended or approved my use of medical marijuana. I have been diagnosed for a serious illness for which cannabis provides relief.

**2) PATIENT INITIAL:** \_\_\_\_\_

I hereby verify that I am a California resident and my personal medical marijuana will not be taken out of the state of California, I further verify and agree that medical marijuana shall not be shared, soled, bartered, traded, exchanged or delivered in any other means to any other person.

**3) PATIENT INITIAL:** \_\_\_\_\_

I hereby declare that I understand that my contributions to the *THE VAN NUYS SHOP* for and through prescribed medicinal products I may require from the *VAN NUYS SHOP* are used to insure the continued operation On *THE VAN NUYS SHOP* and that any set transaction in no way constitutes and commercial promotion or sale of any item.

**4) PATIENT INITIAL:** \_\_\_\_\_

As a member, I hereby agree, appoint and designate *THE VAN NUYS SHOP* and their representatives as my true and lawful agents for the limited purpose of assisting me in obtaining my legally prescribed medicinal marijuana. I understand that this means that *THE VAN NUYS SHOP* will be required to purchase, posses, and transport and distribute my medication to me as prescribed by my physician and I grant them the limited authority to do so. I further authorize *THE VAN NUYS SHOP* to share their caregiver status of my person in order to enter into contracts to obtain and/or allow growth/preparation of medication and edibles.

**5) PATIENT INITIAL:** \_\_\_\_\_

As a member, I understand that *THE VAN NUYS SHOP* has other members with similar membership agreements. I hereby authorize *THE VAN NUYS SHOP* to jointly posses the medical marijuana described under this agreement jointly with other members under similar membership agreements. I agree the medicinal marijuana possessed by any time is the collective property of every patient who is also under this membership agreement and the care of *THE VAN NUYS SHOP*.

**6) PATIENT INITIAL:** \_\_\_\_\_

I agree to provide *THE VAN NUYS SHOP* with all changes in my contact information, diagnosis, or primary physician immediately.

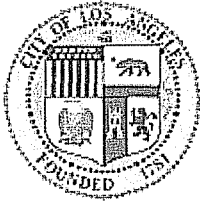
**7) PATIENT INITIAL:** \_\_\_\_\_

I HEREBY AFFIRM THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF THE MEMBERSHIP AGREEMENTS.

**FULL NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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



**City of Los Angeles  
Department of City Planning**

11/05/2008

**PARCEL PROFILE REPORT**

**PROPERTY ADDRESSES**

5616 N KESTER AVE

**ZIP CODES**

91411

**RECENT ACTIVITY**

ZA-2008-3649-CUW  
ENV-2008-3650-EAF

**CASE NUMBERS**

CPC-1986-784-GPC  
ORD-167939-SA108  
ORD-101016  
CFG-1500

**Address/Legal Information**

PIN Number: 174B149 815  
Lot Area (Calculated): 5,714.8 (sq ft)  
Thomas Brothers Grid: PAGE 561 - GRID J1  
Assessor Parcel No. (APN): 2244014030  
Tract: TR 1000  
Map Reference: M B 19-5 (SHT 5)  
Block: None  
Lot: FR 333  
Arb (Lot Cut Reference): 3  
Map Sheet: 174B149

**Jurisdictional Information**

Community Plan Area: Van Nuys - North Sherman Oaks  
Area Planning Commission: South Valley  
Neighborhood Council: Van Nuys  
Council District: CD 2 - Wendy Greuel  
Census Tract #: 1284.00  
LADBS District Office: Van Nuys

**Planning and Zoning Information**

Special Notes: None  
Zoning: [Q]RD1.5-1  
C1.5-1VL  
Zoning Information (ZI): None  
General Plan Land Use: Low Medium II Residential  
Plan Footnote - Site Req.: See Plan Footnotes  
Additional Plan Footnotes: Van Nuys  
Specific Plan Area: None  
Design Review Board: No  
Historic Preservation Review: No  
Historic Preservation Overlay Zone: None  
Other Historic Designations: None  
Other Historic Survey Information: None  
Mills Act Contract: None  
POD - Pedestrian Oriented Districts: None  
CDO - Community Design Overlay: None  
Streetscape: No  
Sign District: No  
Adaptive Reuse Incentive Area: None  
CRA - Community Redevelopment Agency: None  
Central City Parking: No  
Downtown Parking: No  
Building Line: 15  
500 Ft School Zone: No  
500 Ft Park Zone: No

**Assessor Information**

Assessor Parcel No. (APN): 2244014030  
APN Area (Co. Public Works)\*: 0.131 (ac)  
Use Code: 1100 - Stores  
Assessed Land Val.: \$500,000  
Assessed Improvement Val.: \$200,000  
Last Owner Change: 07/29/08  
Last Sale Amount: \$700,007  
Tax Rate Area: 13  
Deed Ref No. (City Clerk): 9-521  
849853  
384282  
2320692

The contents of this report are bound by the User Agreement as described in the Terms and Conditions of this website. For more details, please refer to the Terms & Conditions link located at <http://zimas.lacity.org>.  
(\* - APN Area: LA County Assessor's Office is not the data provider for this item. The data source is from the Los Angeles County's Public Works, Flood Control, Benefit Assessment.

1755940  
103963-65  
0-745

**Building 1:**  
1. Year Built: 1951  
1. Building Class: D4C  
1. Number of Units: 1  
1. Number of Bedrooms: 0  
1. Number of Bathrooms: 0  
1. Building Square Footage: 2,100.0 (sq ft)

**Building 2:**  
2. Year Built: Not Available  
2. Building Class: Not Available  
2. Number of Units: 0  
2. Number of Bedrooms: 0  
2. Number of Bathrooms: 0  
2. Building Square Footage: 0.0 (sq ft)

**Building 3:**  
3. Year Built: Not Available  
3. Building Class: Not Available  
3. Number of Units: 0  
3. Number of Bedrooms: 0  
3. Number of Bathrooms: 0  
3. Building Square Footage: 0.0 (sq ft)

**Building 4:**  
4. Year Built: Not Available  
4. Building Class: Not Available  
4. Number of Units: 0  
4. Number of Bedrooms: 0  
4. Number of Bathrooms: 0  
4. Building Square Footage: None

**Building 5:**  
5. Year Built: Not Available  
5. Building Class: Not Available  
5. Number of Units: 0  
5. Number of Bedrooms: 0  
5. Number of Bathrooms: 0  
5. Building Square Footage: 0.0 (sq ft)

**Additional Information**

Airport Hazard: 300' Height Limit Above Elevation  
790  
Coastal Zone: None  
Farmland: Area not Mapped  
Very High Fire Hazard Severity Zone: No  
Fire District No. 1: No  
Fire District No. 2: No  
Flood Zone: None  
Hazardous Waste / Border Zone Properties: No  
Methane Hazard Site: None  
High Wind Velocity Areas: No  
Hillside Grading: No  
Oil Wells: None  
Alquist-Priolo Fault Zone: No  
Distance to Nearest Fault: 7.36039 (km)  
Landslide: No  
Liquefaction: Yes

**Economic Development Areas**

Business Improvement District: None  
Federal Empowerment Zone: None  
Renewal Community: No  
Revitalization Zone: None  
State Enterprise Zone: None  
Targeted Neighborhood Initiative: None

**Public Safety**

Police Information:  
Bureau: Valley

Division / Station:	Van Nuys
Report District:	962
Fire Information:	
District / Fire Station:	88
Batallion:	10
Division:	3
Red Flag Restricted Parking:	No

## CASE SUMMARIES

Note: Information for Case Summaries is Retrieved from the Planning Department's Plan Case Tracking System (PCTS) Database.

**Case Number:** ZA-2008-3649-CUW  
**Required Action(s):** CUW-CONDITIONAL USE - WIRELESS  
**Project Description(s):** INSTALLATION OF AN UNMANNED WIRELESS TELECOMMUNICATIONS FACILITY CONSISTING OF A 63'MONOPALM WITH 12 ANTENNAS DIVIDED INTO 3 SECTORS OF 4 ANTENNAS PER SECTOR. RELATED EQUIPMENT IS A TENANT IMPROVEMENT INSIDE THE ADJACENT BUILDING.

**Case Number:** ENV-2008-3650-EAF  
**Required Action(s):** EAF-ENVIRONMENTAL ASSESSMENT  
**Project Description(s):** INSTALLATION OF AN UNMANNED WIRELESS TELECOMMUNICATIONS FACILITY CONSISTING OF A 63'MONOPALM WITH 12 ANTENNAS DIVIDED INTO 3 SECTORS OF 4 ANTENNAS PER SECTOR. RELATED EQUIPMENT IS A TENANT IMPROVEMENT INSIDE THE ADJACENT BUILDING.

**Case Number:** CPC-1986-784-GPC  
**Required Action(s):** GPC-GENERAL PLAN/ZONING CONSISTENCY (AB283)  
**Project Description(s):** AB-283 PROGRAM - GENERAL PLAN/ZONE CONSISTENCY - VAN NUYS - NORTH SHERMAN OAKS COMMUNITY PLAN AREA - COMMUNITY WIDE ZONE CHANGES AND COMMUNITY PLAN CHANGES TO BRING THE ZONING INTO CONSISTENCY WITH THE COMMUNITY PLAN. INCLUDES CHANGES OF HEIGHT AS NEEDED. REQUIRED BY COURT AS PART OF SETTLEMENT IN ...

## DATA NOT AVAILABLE

ORD-167939-SA108  
ORD-101016  
CFG-1500