

CITY OF LOS ANGELES
DEPARTMENT OF CITY PLANNING
REQUEST FOR REVISED TENTATIVE TRACT MAP

NOTE: APPLICATION WILL NOT BE ACCEPTED IF IT DOES NOT FULLY CONFORM WITH ALL WRITTEN CONDITION OF A TRACT APPROVAL

TYPE OR PRINT NEATLY AND PROVIDE COMPLETE INFORMATION. IF QUESTION IS NOT APPLICABLE, SO STATE. INFORMATION MAY BE CONTINUED ON ADDITIONAL SHEET, IF NECESSARY.

SUBMIT THE FOLLOWING:

1. Twenty ~~Eight~~ (20) copies of this application.
2. Twenty ~~Eight~~ copies (20) of tentative tract conditions of approval and subsequent modifications, zone change or appeal conditions, if any.
3. Twenty ~~Eight~~ (20) copies of the proposed revised tract map (folded to 8½" x 11"). Attach a copy of this application to each revised map.
4. Filing Fee.

THIS FORM MUST BE PRESENTED IN PERSON

TRACT NO. TR-1011 COUNCIL DISTRICT NO. 14

1. Street address of property: 1033-1057 S Olive St. Los Angeles, CA 90015
 2. If tract is a unit or part of another tract, indicate related tract number: TR-62/ Portion of block 70
 3. Existing zone is [Q]R5-4D-O. Proposed zone is No Change, approved under City Planning Case No. _____ on _____ by the () City Planning Commission and/or () City Council (Council File No. _____). Property has been considered at a public hearing for: _____ Conditional Use _____ Variance _____ Other (specify) _____ under Case Nos. _____
 4. Community/District Plan Area: Central City Land use designation per adopted and/or proposed Community Plan: High Density
Residential
 5. Tract Approval Date: NA Existing Tract Map Date: 11/16/16
 6. Type of environmental clearance (must conform to revised tentative tract map request) and reference number: EIR Env-2016-4676-EIR
 7. Have any appeals been filed on this tract? _____ YES X NO. If YES, state appellant's name _____ and date appeal was acted on by City Planning Commission and/or City Council _____
 8. Will revised tentative tract map request affect any covenants and agreements already recorded? YES _____ NO X. If YES, please note on a separate sheet which conditions are affected, and attach the corresponding recorded covenant document number.
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3. This revised tract map is submitted prior to the required public hearing and Advisory Agency determination, and will not affect information on the hearing notice.

CURRENT OWNER

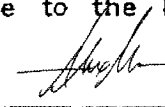
CURRENT ENGINEER/SURVEYOR

Name 1045 Olive LLC
Address 2200 Biscayne Blvd.
City Miami, FL Zip 33137
Telephone: ()

Name David Evans and Associates
Address 2015 Figueroa St.
City Los Angeles Zip 90012
Telephone: 213 337-3948

I certify that the statements on this form are true to the best of my knowledge.

Signature: _____
() Owner or Subdivider



() Owner's/Subdivider's representative

FOR OFFICE USE ONLY

Filing Fee _____

Date Received _____

By _____

Department of City Planning
Division of Land Section

Fee Paid _____

Receipt No. _____

Assigned To: _____

By _____

Date _____