CITY OF LOS ANGELES DEPARTMENT OF CITY PLANNING

DEPARTMENT OF	CITT FLANNING	
ENVIRONMENTAL	ASSESSMENT FORM	
EAF Case No.: 2016 - 517 - EA Case No.: Council District No.: 13 Community Plan Are PROJECT ADDRESS: 1624-1648 Wilcox Avenue, 6430-6440 Hollywood B		
Major Cross Streets: Hollywood Boulevard and Wilcox Avenue Name of Applicant: 6436 Hollywood Blvd LLC & 1624 Wilcox Ave. LP Address: 40 West 57th St., 23rd Floor, New York, NY 10019 Telephone No.: 212-708-6504 Fax No.:	E-mail: dtwerdun@lefrak.com	
OWNER 6436 Hollywood Blvd LLC (successor to 6436 Hollywood EAT, LLC) & 1624 Wilcox Ave. LP (successor to Princeton Name: Leasing Limited Partnership c/o James LeFrak) Address: 40 West 57th St., 23rd Floor, New York, NY 10019 Telephone No: 212-708-6504 1624 Wilcox Ay Limited Partnership By: Pinceton Casing I.C., General Partner By: 1995 Sy Realby Min., a member By: 1998 Sy Realby Min., a member By: 1998 Sy Realby Min., a member By: 1998 Folk Realby Min., a member By: 1999 Holying Corp. Manager	APPLICANT'S REPRESENTATIVE (Other than Owner) Name: Armbruster Goldsmith & Delvac c/o Alix Wisner (Contact Person) Address: 12100 Wilshire Blvd., Suite 1600, Los Angeles, CA 90025 Telephone No: 310-209-8800 Signature:	
The following Exhibits are required (3 copies of each exhibit and 3 Environmental Assessment Forms for projects in Coastal & S.M. Mtn. Zones): All Exhibits should reflect the entire project, not just the area in need of zone change, variance, or other entitlement. NOTE: The exhibits are IN ADDITION TO those required for any case for which the Environmental		
 use beyond the radius for alcoholic beverage cases building permits 300' for site plan review applications. C. 2 Plot Plans: showing the location and layout of topographic lines where grade is over 10%; tentative to satisfy this requirement, and the location and diar. D. Application: a duplicate copy of application for zescreening form, periodic comprehensive general plan subdivider's statement, etc. E. Pictures: two or more pictures of the project site shifts. Notice of Intent Fee: an UNDATED check in the amfor the purpose of filing a Notice of Intent to Adopt a NCEQA Guidelines. G. Hillside Grading Areas/Haul Route Approval: Project of 1,000 cubic yards or more shall submit a soils and (reports needed to be determined by LADBS) to include. 	aps, etc.) with project area highlighted. I use and zoning to 500 feet (100 feet of additional land s); 100' radius line (excluding streets) okay for Coastal s. proposed development including dimensions; include a tract or parcel maps where division of land is involved neter of all trees existing on the project site. One change, (including Exhibit "C" justification) batch review and zone change map, variance, conditional use, owing walls, trees and existing structures. Downing walls, trees and existing structures. Downing walls are and existing structures.	
APPLICATION ACCEPTED BY: ENVIRONMENTAL ASSESSMENT	DATE: 8/24/16	
APPROVED BY:	DATE:	
NECLIFT NO.		

I. Project Description:

	feet (two stories) to a maximum of 160 feet (15 stories) with a total combined floor area of 278,892 square feet. The project will include 420 parking		
	spaces and a minimum of 29,150 square feet of open space. Please see the attached Exhibit A Project Description for additional information.		
	Will the project require certification, authorization, clearance or issuance of a permit by any federal, state county, or environmental control agency, such as Environmental Protection Agency, Air Quality Managemer District, Water Resources Board, Environmental Affairs, etc.? If so, please specify: To be determined.		
II.	Existing Conditions:		
٩.	Project Site Area 61,976 (net)		
	Net and 1.38 Gross Acres 1.4		
3.	Existing Zoning C4-2D-SN/C4-2D		
).	Existing Use of Land Office, retail, and surface parking		
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	Existing General Plan Designation Regional Center Commercial		
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If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Describe entire project, not just area in need of zone change, variance, or other entitlement.

III. Residential project (if not residential, do not answer)

Α.	Number of Dwelling Units-			
	Single Family Ap	partment 260	or Condominiu	m _n/a
B.	Number of Dwelling Units with:			
	One bedroom 140 Tu	wo bedrooms 87		Studio <u>20</u>
	Three bedrooms 13 Fo	our or more bedrooms	0	
C.	Total number of parking spaces pro	vided 387		
D.	List recreational facilities of project	andscaped courtyard, sky deck, po	ol, gym/yoga studio, library/mus	ic room, theater, work lounge, dog run
E.	Approximate price range of units \$	TBD	to \$TBD	
F.	Number of stories 2-15	_, height ⁴²⁻¹⁶⁰	feet.	
G.	. Type of appliances and heating (gas Gas heated swimming pool? TBD	s, electric, gas/electric,	solar) gas/electric, Energy	
Н.	Describe night lighting of the project	low level exterior lighting for secur	ity and wayfinding; shielded and	directed downward away from adjacent uses
	(include plan for shielding light from	adjacent uses, if avail-	able)	
l.	Percent of total project proposed for	: Building42	2	
		Paving3		
		Landscaping 55	5	
J.	Total Number of square feet of floor	area 278,892 (includes com	nercial sf described below)	
IV.	. Commercial, Industrial or Other P Describe entire project, not just a			
A.	Type of use Commercial: community-sreving reta	ill and restaurant that would be inte	grated within the proposed mixe	ed-use building
B.		area 17,800 (includes 9,000 sf	existing to remain)	
C.	Number of units if hetal/metal	n/a		
D.	Number of drifts if note/moter h	neight	feet.	
E.				
F.	Hours of operation	_ Days of operation _	Sunday-Salurday	
G.	i il linca scats oi beas ilivolvea, ilaili			
Н.	Describe night lighting of the project	low level exterior lighting for secur	ity and wayfinding; shielded and	directed downward away from adjacent uses
	(Include plan for shielding light from	adjacent uses, if avail	able)	
l.			_	
J.	Number of students/patients/patrons	TBD	_	
K.				
L.	Percent of total project proposed for	: Building	See above	
		Paving	See above	
		Landscaping	See above	
Doe	storic/Architecturally Significant Propes the project involve any structures, Inich may be designated or eligible for c	ouildings, street lighting		
	 National Register of Historic Pl 	aces Eligible		
	☐ California Register of Historic F	Resources		
	☐ California Register of Flistone i	storic Monument		
	☐ Within a City of Los Angeles H	istoric Preservation O	verlay Zone (HPOZ)	
	vinin a city of Loo / nigoloo i	iological reconstitution of		

pesti	cides for landscaping, and petroleum products, that would be contained, stored, and used in accordance with manufacturers' instructions and handled in compliance with applicable standards and regulations.
Α.	Regulatory Identification Number (if known) n/a
В.	Licensing Agency n/a
C.	Quantity of daily discharge n/a
VI.	Stationary Noise Clearance: A clearance may be necessary certifying the project's equipment (e.g., air conditioning) complies with City Noise Regulations.
So	me projects may require a Noise Study. The EIR staff will inform those affected by this requirement.
VII	Selected Information:
A.	Circulation: Identify by name all major and secondary highways and freeways within 1,000 feet of the proposed project; give the approximate distance(s):
lywood	Blvd Avenue I (0 feet); Wilcox Ave Avenue II (0 feet); Cahuenga Blvd Avenue II (370 feet); Vine St Avenue II (980 feet); Sunset Blvd Avenue I (900 feet); Yucca St Avenue II (960 feet)
B.	Air: All projects that are required to obtain AQMD permits (see AQMD Rules and Regulations) are required to submit written clearance from the AQMD indicating no significant impact will be created by the proposed project.*
VIII	. Mitigating Measures:
	Feasible alternatives or mitigation measures which would substantially lessen any significant adverse impact which the development may have on the environment. To be analyzed and disclosed in the Environmental Impact Report

APPLICANT/CONSULTANT'S AFFIDAVIT

OWNER MUST SIGN AND BE NOTARIZED;

IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED

I.		I,		
Owner (Owner in e (Please Print)	•	,	Consultant* (Pleare	Print)
Signed:		Signed:		
Owner		g	Age	ent
being duly sworn, state that the in all respects true and correct	statements and information to the best of my know	ation contained ledge and beli	d in this Environme ief	ntal Assessment Form are
***********	*******Space Below This I	Line for Notary	Use**********	********
	ALL-PURPOSE	ACKNOWL DG	MENT	
State of California				
County of				
On				personally appeared
			tary Public and Title)	isfactory evidence to be the
the entity upon behalf on which the contity under PENALTY OF Foundation of true and correct. WITNESS my hand and official	PERJURY ander the law			he foregoing paragraph is
	(Seal	l)		
Signature		.,		
		[See	attached New York	(All-Purpose Acknowledgment]
-1204 (Rev. 02/03/09)		P:\W	/ORDPROC\CPFORN	IS\CP1000\1204.2-03-09.wpd

STATE OF NEW YORK) : ss COUNTY OF NEW YORK)

On the day of August, 2016, before me, the undersigned, personally appeared JAMES T. LEFRAK, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(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 capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of whom the individual(s) acted, executed the instrument.

Patrice Schuster Notary Public

PATRICE SCHUSTER
Notary Public, State of New York
No. 24-4989909
Qualified in New York County
Comm. Expires Dec. 16, 20

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California County of LOS Angeles On 24 Angust 2016 before me, Law Date personally appeared Alexandra W	Name(s) of Signer(s)
subscribed to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/are- dged to me that he/she/they executed the same in wher/their signature(s) on the instrument the person(s), ed, executed the instrument.
LAURA M. AWAD Commission # 2036833 Notary Public - California	f the State of California that the foregoing paragraph is true and correct. VITNESS my hand and official seal. Signature Signature of Notary Public
Place Notary Seal Above OPT	IONAL
Though this section is optional, completing this in fraudulent reattachment of this	nformation can deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other Than	Named Above: Tames LeFrak
Capacity(ies) Claimed by Signer(s) Signer's Name: Corporate Officer — Title(s): Partner — Limited — General Individual — Attorney in Fact Trustee — Guardian or Conservator Other: Signer Is Representing:	Signer's Name: □ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Individual □ Attorney in Fact