



**REFERRAL FORMS:**

**TRANSIT-ORIENTED COMMUNITIES – TIER VERIFICATION FORM**  
LOS ANGELES CITY PLANNING DEPARTMENT

This form is to serve as a referral to the Department of City Planning Development Services Center for Affordable Housing case filing purposes (in addition to the required Department of City Planning Application and any other necessary documentation) and as a referral to HCIDLA, CRA, Building and Safety, or other City agency for project status and entitlement need purposes. This form shall be completed by the applicant and reviewed and signed by Department of City Planning staff prior to filing an application for a case or building permit. Any modifications to the content(s) of this form after its authorization by the Department of City Planning staff is prohibited. The Department of City Planning reserves the right to require an updated form for the project if more than **180** days have transpired since the approval date, or as necessary, to reflect project modifications, policy changes and/or amendments to the LAMC, local laws, and State laws.

*CITY STAFF USE ONLY*

<b>NOTES:</b>	
<b>Planning Staff Name and Title</b>	<b>Planning Staff Signature</b>
<b>Date Approved</b>	<b>Expiration Date</b>

**I. Project Information – To be completed by applicant**

**1. PROJECT LOCATION/ ZONING**

Project Address: \_\_\_\_\_  
 Applicant Name and Phone/Email: \_\_\_\_\_  
 Assessor Parcel Number(s): \_\_\_\_\_  
 Community Plan: \_\_\_\_\_ Number of Lots: \_\_\_\_\_ Lot Size: \_\_\_\_\_ s.f.  
 Existing Zone: \_\_\_\_\_ Land Use Designation: \_\_\_\_\_  
 Specific Plan       HPOZ       DRB       Enterprise Zone       CRA       CPIO  
 Q-condition/ D-limitation/ T-classification (*please specify*): \_\_\_\_\_  
 Other pertinent zoning information (*please specify*): \_\_\_\_\_  
 Location of Major Transit Stop (*please specify the intersection or metro stop*)<sup>1</sup>: \_\_\_\_\_

**II. Project Eligibility – To be completed by DCP Housing Services Unit Staff**

**2. TRANSPORTATION QUALIFIERS**

Qualifier #1 (rail name & stop, ferry terminal or bus #): \_\_\_\_\_  
 Service Interval # 1: \_\_\_\_\_ [420 min / # of trips]<sup>2</sup>  
 Service Interval # 2: \_\_\_\_\_ [420 min / # of trips]  
  
 Qualifier #2 (rail name & stop, ferry terminal or bus #): \_\_\_\_\_  
 Service Interval # 1: \_\_\_\_\_ [420 min / # of trips]  
 Service Interval # 2: \_\_\_\_\_ [420 min / # of trips]  
  
 TOC Tier<sup>3</sup>:       Tier 1       Tier 2       Tier 3       Tier 4      **Planning Staff Initials:** \_\_\_\_\_

<sup>1</sup> Per AB 744, A Major Transit Stop means a site containing an existing rail transit station, a ferry terminal served by either a bus or rail transit service, or the intersection of two or more major bus routes with a frequency of service interval of 15 minutes or less during the morning and afternoon peak commute periods. It also includes major transit stops that are included in the applicable regional transportation plan.  
<sup>2</sup> This figure (420 minutes) is based on the total number of minutes during the peak hours of 6 am to 9 am as well as 3 pm to 7 pm.  
<sup>3</sup> If project is 100% affordable, it is eligible for the designated Tier to be increase by one.