



STAFF ONLY:
 ED 1 Eligible

REFERRAL FORMS:

TRANSIT-ORIENTED COMMUNITIES - REFERRAL 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

Referral To: <input type="checkbox"/> Planning DSC - Filing <input type="checkbox"/> HCIDLA <input type="checkbox"/> DBS <input type="checkbox"/> Funding <input type="checkbox"/> SB35 <input type="checkbox"/> Other: _____ NOTES:	
Planning Staff Name and Title	Planning Staff Signature
Date Approved	Expiration Date

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*)¹: _____

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]²
 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 Tier³: Tier 1 Tier 2 Tier 3 Tier 4 **Planning Staff Initials:** _____

¹ 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.

² 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.

³ If project is 100% affordable, it is eligible for the designated Tier to be increased by one.

III. Project Information (if applicant is requesting additional incentives) – To be completed by applicant

3. DESCRIPTION OF PROPOSED PROJECT

4. EXISTING USE

A. Describe Existing Development: _____

Characteristic of existing use Dwelling Unit (DU), Commercial/ Industrial, or Other	Existing # of Units or Non-Residential SF	Existing # of Units or Non-Residential SF To Be Demolished	Proposed ⁴ # of Units or Non-Residential SF
Guest Rooms			
Studio			
One Bedroom			
Two Bedrooms			
Three Bedrooms			
_____ Bedrooms			
Non-Residential Square Feet			
Other:			

B. Previous Cases Filed

	(1)	(2)	(3)
Case Number(s):	_____	_____	_____
Date Filed:	_____	_____	_____
Date Approved:	_____	_____	_____
End of Appeal Period:	_____	_____	_____
Environmental No.	_____	_____	_____

5. TYPE OF APPLICATION

- Transit-Oriented Communities (per TOC Guidelines) with **Base Incentives** filed in conjunction with another discretionary approval.
- Transit-Oriented Communities (per TOC Guidelines) with **Additional Incentives** (*please specify, max of three*):
 - 1) _____
 - 2) _____
 - 3) _____
- If applicable, projects adhering to the Labor Standards in LAMC 11.5.11 may be granted two more **Additional Incentives** as listed in the TOC Guidelines (*please specify*):
 - 4) _____
 - 5) _____
- Site Plan Review per LAMC Sec. 16.05
- Specific Plan Project Permit Compliance per LAMC Sec. 11.5.7.C
- Community Design Overlay per LAMC Sec. 13.08
- Coastal Development Permit per LAMC Sec. 12.20.2 or 12.20.2.1
- Tract or Parcel Map per LAMC Sec. 17.00 or 17.50
- Other entitlements requested (*please specify*): _____

⁴ Replacement units, per AB 2556, shall be equivalent to the number of units and number of bedrooms of the existing development.

6. ENVIRONMENTAL REVIEW

- Environmental Review Not Required – Project is Ministerial.⁵ Please Explain: _____
- Not filed
- Filed (indicate case number): _____

7. HOUSING DEVELOPMENT PROJECT TYPE (please check all that apply):

- For Sale
- For Rent
- Extremely Low Income
- Very Low Income
- Low Income
- Moderate Income
- Market Rate
- Mixed Use
- Senior
- Chronically Homeless
- Other (please describe): _____

8. DENSITY CALCULATION

A. Base Density: Maximum density allowable per zoning

Lot size _____ s.f. (a)
 Minimum area per dwelling unit _____ s.f. of lot area per unit (b)
 Units allowed by right (per LAMC) _____ units (c) [c = a/b, round down to whole number]
 Base Density _____ units (d) [d = a/b, round up to whole number]

B. Maximum Allowable Density Bonus:

_____ units (e)
 [e = d x 1.5 (Tier 1), 1.6 (Tier 2), 1.7 (Tier 3), or 1.8 (Tier 4);
 in RD Zones d x 1.35 (Tiers 1 and 2), 1.4 (Tier 3) or 1.45 (Tier 4);
 round up to whole number]

C. Proposed Project: Please indicate total number of Units requested as well as breakdown by levels of affordability set by each category (HCD or HUD). For information on HCD and HUD levels of affordability please contact the Housing and Community Investment Department of Los Angeles (HCIDLA) at (213) 808-8843 or hcidla.lacity.org.⁶

	<u>Total</u>	<u>HCD (State)</u>	<u>HUD (TCAC)</u>
Market Rate	_____	N/A	N/A
Managers Unit(s) - Market Rate	_____	N/A	N/A
Extremely Low Income	_____	_____	_____
Very Low Income	_____	_____	_____
Low Income	_____	_____	_____
Moderate Income	_____	_____	_____
TOTAL # of Units Proposed	_____ (f)		
TOTAL # of Affordable Housing Units	_____ (g)		
Number of Density Increase Units	_____ (h) [If f>c, then h=f-c; if f<c, then h= 0]		
Percent Density Increase Requested	_____ (i) [i = 100 x (f/d - 1)]		
Percent of Affordable Set Aside	_____ (j) [g/f, round down to a whole number]		

Other Notes on Units: _____

⁵ Ministerial Projects (aka, "By-Right") do not require any discretionary Planning approvals.

⁶ HCD (State) = Published affordability levels per California Department of Housing and Community Development. HUD (TCAC) = Published affordability levels per the United States Department of Housing and Urban Development.

9. SITE PLAN REVIEW CALCULATION An application for Site Plan Review may be required for projects that meet any of the Site Plan Review thresholds as outlined in LAMC Section 16.05.C. unless otherwise exempted per Section 16.05.D. For Transit Oriented Communities projects involving bonus units, please use the formula provided below to determine if the project meets the Site Plan Review threshold for unit count. If project meets the threshold(s) but qualifies under the exemption criteria per Section 16.05.D please confirm exemption with Department of City Planning's DSC Housing Unit.

_____ units allowed by right (permitted by LAMC) – _____ existing units = _____ units

- YES, Site Plan Review is required, if proposed by right units minus existing units is equal to or greater than 50⁷
- NO, Site Plan Review is not required, if Base Density units minus existing units is less than 50
- Exempt (*please specify*): _____

10. INCENTIVES

A. Base Incentives (*Please check all that apply*)

- (1) Floor Area Ratio⁸:

	FAR (whichever is greater)
Tier 1	40% or 2.75:1 in commercial zone
Tier 2	45% or 3.25:1 in commercial zone
Tier 3	50% or 3.75:1 in commercial zone
Tier 4	55% or 4.25:1 in commercial zone
RD Zones or Specific Plans/Overlay Districts that Regulate FAR	45%, unless Tier 1
If Base FAR < 1.25:1	2.75:1
Greater Downtown Housing Incentive Area⁹	40%

Final Floor Area Ratio¹⁰ Required (per LAMC) Proposed (per TOC)

- (2) Parking Reductions Allowed

Minimum Parking Requirements		
	Residential	Ground Floor Commercial
Tier 1	0.5 spaces per bedroom	10% Reduction
Tier 2	1 space per unit	20% Reduction
Tier 3	0.5 space per unit	30% Reduction
Tier 4	No parking requirements	40% Reduction
100% Affordable Housing	No parking requirements	

Total number of bedrooms _____
 Total number of residential units _____
 Non-residential Parking per code _____

Final Residential Parking Required (per LAMC) Proposed (per TOC)
 Final Non-Residential Parking _____ _____

Other Parking Notes: _____

⁷ Site Plan Review may also be required if other characteristics of the project exceeds the thresholds listed in Sec. 16.05 of the LAMC.
⁸ Refer to TOC Guidelines Section VI.1.b. for exceptions
⁹ Calculated per LAMC 12.22 A.29(c)(1)
¹⁰ Refer to TOC Guidelines Section VI.1.b. for exceptions

B. Qualification for Additional Incentives: *(Please check only one)*

Minimum Required Restricted Affordable Housing Units, calculated as a percentage of the base density allowed on the date of the application.

Incentives	% Extremely Low Income	% Very Low Income	% Low Income
One	<input type="checkbox"/> 4%	<input type="checkbox"/> 5%	<input type="checkbox"/> 10%
Two	<input type="checkbox"/> 7%	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%
Three	<input type="checkbox"/> 11%	<input type="checkbox"/> 15%	<input type="checkbox"/> 30%

C. Additional Incentives *(Please check selected incentives as qualified according to Section 9B)*

- | | <u>Required (per LAMC)</u> | <u>Proposed (per TOC)</u> |
|--|----------------------------|---------------------------|
| <input type="checkbox"/> (1) Yard/Setback <i>(each yard counts as 1 incentive in Tiers 1 and 2; two yards count as 1 in Tiers 3 and 4)</i> | | |
| <input type="checkbox"/> RAS 3 Yards (only for commercial zones – please specify numbers below, but only check this box) | | |
| <input type="checkbox"/> Front | _____ | _____ |
| <input type="checkbox"/> Rear | _____ | _____ |
| <input type="checkbox"/> Side (1) | _____ | _____ |
| <input type="checkbox"/> Side (2) | _____ | _____ |

	Side and Rear Yards
Tier 1	25%
Tier 2	30%
Tier 3	30% or depth of two yards
Tier 4	35% or depth of two yards
When Abutting R1 or More Restrictive Zones	No Reductions Allowed

- | | | |
|---|-------|-------|
| <input type="checkbox"/> (2) Lot Coverage | _____ | _____ |
| <input type="checkbox"/> (3) Lot Width | _____ | _____ |
| <input type="checkbox"/> (4) Height/ # of Stories | _____ | _____ |

	Height
Tier 1	11 feet for one story
Tier 2	11 feet for one story
Tier 3	22 feet for two stories
Tier 4	33 feet for three stories
Lots with Height Limits of 45 feet or less	Second and third additional stories must be stepped-back at least 15 feet from any frontage

Transitional Height (check one): Per LAMC Per TOC Guidelines¹¹ Not Applicable

- | | | |
|---|--------------------------|-------|
| <input type="checkbox"/> (5) Open Space | _____ | _____ |
| <input type="checkbox"/> (6) Density Calculation | _____ | _____ |
| <input type="checkbox"/> (7) Averaging <i>(all count as 1 incentive – mark as many as needed)</i> | | |
| FAR | <input type="checkbox"/> | |
| Density | <input type="checkbox"/> | |
| Parking | <input type="checkbox"/> | |
| Open Space | <input type="checkbox"/> | |
| Vehicular Access | <input type="checkbox"/> | |
| <input type="checkbox"/> (8) Public Facility Zone | _____ | _____ |

TOTAL # of Additional Incentives Requested: _____

Other Incentive Notes: _____

¹¹ Please provide elevations that show the 45 degree angle as allowed by the TOC guidelines to determine the allowed height.

11. COVENANT:

All Transit Oriented Communities projects are required to prepare and record an Affordability Covenant to the satisfaction of the Los Angeles Housing and Community Investment Department's Occupancy Monitoring Unit **before** a building permit can be issued. Please contact the Housing and Community Investment Department of Los Angeles (HCIDLA) at (213) 808-8843 or hcidla.lacity.org

12. REPLACEMENT UNITS:

AB 2222, as amended by AB 2556, requires that density bonus eligible projects replace any pre-existing affordable housing units on the project site. Replacement units include the following: *(Answer the following with "yes" if any of these items apply to what is **currently existing** on the site or "no" if they do not. Write in N/A if the item is not applicable to your project)*

- A. Units subject to a recorded covenant, ordinance, or law that restricts rents to levels affordable to persons and families of lower or very low income? _____
- B. Units occupied by lower or very low income households below 80% AMI per California Department of Housing and Community Development Department levels not already listed above? _____
- C. Units subject to the Rent Stabilization Ordinance not already listed above? _____
- D. Units that have been vacated or demolished in the last 5 years? _____
- E. Per AB 2556, are the number of replacement units and number of bedrooms equivalent to that being demolished (as shown on Existing Development Table on page 2 above)? _____

Disclaimer: This review is based on the information and plans provided by the applicant at the time of submittal of this form. Applicants are advised to verify any zoning issues such as height, parking, setback, and any other applicable zoning requirements with Building and Safety.