



REFERRAL FORMS:

Preliminary Zoning Assessment Referral

Department of City Planning (DCP) and Department of Building & Safety (DBS)

This form is to serve as an inter-agency referral for City Planning applications associated with a Housing Development Project. As a part of a City Planning application, this completed form shall be accompanied by architectural plans stamped and signed by DBS Plan Check staff following the completion of a zoning Plan Check. Review of the referral form by City staff is intended to identify and determine compliance with City zoning and land use requirements necessary to achieve the proposed project and to ascertain if any zoning issues or necessary approvals are associated with the project and site that need to be resolved through a discretionary City Planning action.

INSTRUCTIONS: Preliminary Zoning Assessment Referral

1. Complete the Preliminary Zoning Assessment:

- a. **Section I: Project Information:** This section is to be completed by a member of the project team and verified by City staff.
- b. **Section II: Housing Development Project Determination:** Projects proposing the development of two or more units are screened to determine whether a project is a Housing Development Project and therefore qualifies for completion of Section III of this form and verified plans through a zoning Plan Check with DBS. The determination on Section II will be made by City Planning staff in the PARP unit prior to completion of a zoning Plan Check with DBS. A set of architectural plans, including a site plan and floor plans, are required to complete the determination.
- c. **Section III: Zoning Plan Check:** Applicants will submit for a zoning Plan Check with DBS to ascertain if any zoning issues or necessary approvals associated with the project and site need to be resolved through a discretionary City Planning action. This completed form shall be accompanied by architectural plans stamped and signed by a DBS Plan Check staff following the completion of a zoning Plan Check. DBS Plan Check staff will sign Section III of the Preliminary Zoning Assessment Form once the zoning plan check verifications are complete.

2. **File application with City Planning:** Following the completion of the Preliminary Zoning Assessment Referral Form and receipt of architectural plans stamped and signed by DBS Plan Check staff, a City Planning application may be filed. Filing appointments may be made online: <https://planning.lacity.org/development-services/appointment/form>.

3. Contact Information:

<u>DOWNTOWN OFFICES:</u>	Department of Building and Safety, Affordable Housing Section 201 N. Figueroa St., Ste 830 Los Angeles, CA 90012 Phone: (213) 482-0455 Web: https://ladbs.org/services/special-assistance/affordable-housing Email: LADBS.AHS@lacity.org	Department of City Planning, Preliminary Application Review Program 201 N. Figueroa St., 5 th Floor Los Angeles, CA 90012 Web: https://planning.lacity.org/development-services/preliminary-application-review-program Email: Planning.PARP@lacity.org
---------------------------------	--	--

Section I. Project Information - To be completed by applicant¹

1. PROJECT LOCATION, ZONING & LAND USE JURISDICTION

Project Address: _____
Project Name (if applicable): _____
Assessor Parcel Number(s): _____
Legal Description (Lot, Block, Tract): _____
Community Plan: _____ Number of Parcels: _____ Site Area: _____ s.f.
Current Zone(s) & Height District(s): _____ Land Use Designation: _____
Alley in rear..... Yes No
Coastal Zone..... Yes No
Downtown Design Guide Area..... Yes No
Enterprise Zone..... Yes No
Greater Downtown Housing Incentive Area..... Yes No
Hillside Area (Zoning)..... Yes No
Site contains Historical features..... Yes No
Special Grading Area (BOE) Area..... Yes No
Very High Fire Hazard Severity Zone Yes No
 Specific Plan: _____
 Historic Preservation Overlay Zone (HPOZ): _____
 Design Review Board (DRB): _____
 Redevelopment Project Area: _____
 Overlay Zone (CPIO/CDO/POD/NSO/RIO/CUGU/etc.): _____
 Q-condition/ D-limitation/ T-classification (*ordinance + subarea*): _____
 Legal (Lot Cut Date) _____
 Related City Planning Cases _____
 ZIs _____
 Affidavits _____
 Easements _____
 TOC Tier² (if applicable to project) _____

2. PROJECT DESCRIPTION

Project Description/Proposed Use _____

No. of Stories: _____ No. of Dwelling Units: _____ Floor Area (Zoning): _____
Existing Use/No. of Units: 8-unit apartment building

3. APPLICANT INFORMATION³ Name:

Phone: _____
Email: _____
Shahrokh.Zarrin@gmail.com

4. REPRESENTATIVE INFORMATION

Name: _____
Phone: _____
Email: _____

¹ All fields in this form must be completed. If an item is not applicable, write N/A.

² Must be verified by City Planning, Housing Services Unit


³ An applicant is a person with a lasting interest in the completed project such as the property owner or a lessee/user of a project. An applicant is not someone filing a case on behalf of a client (i.e. usually not the agent/representative)

Section II. Housing Development Project determination - To be completed by DCP staff

If a project meets any one (1) of the following categories, then the project is a Housing Development Project. Therefore, completion of Section III of this form and receipt of architectural plans stamped and signed by DBS Plan Check staff would be required for filing a City Planning application. If none of the criteria below applies, then the project is not a Housing Development Project and is not required to continue beyond this section in the Preliminary Zoning Assessment process prior to filing a City Planning application.

Housing Development Project categories (to be determined by DCP staff)	Determination: Yes or No
(a) A residential-only housing development project that creates two units or more	Yes
(b) A mixed-use development consisting of residential and nonresidential uses with at least two-thirds of the Building Area designated for residential use ¹	No
(c) Transitional Housing ²	No
(d) Supportive Housing ³	No

NOTES: 8521 W. Horner St.
Plans reviewed sent via email on 11/29/21

DCP Staff Name and Title	DCP Staff Signature	Date
Justin Bilow, City Planner		12/2/21

¹ "Building Area" as defined in California Building Code. Mixed-use projects may be subject to an analysis to determine whether two-thirds of the Building Area is residential.

² "Transitional Housing" as defined in California Government Code Section 65582(j)
³ "Supportive Housing" as defined in California Government Code Section 65582(g)

Section III. Preliminary Zoning Assessment - To be completed by DBS Plan Check Staff⁴

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No. ⁵	Comments and Additional Information
1	Use	APARTMENT WITH ATTACHED GARAGE	APARTMENT WITH ATTACHED GARAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	12.10	<input type="checkbox"/> Conditional Use (LAMC Sec. 12.24) for _____
2	Height	56 FT	45FT WITH ANY ADDITIONAL HEIGHT ABOVE 30FT TO BE 10FT SETBACK FROM THE FRONT EXTERIOR WALL.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Q CONDITION 12.21.1 12.22.A.25	<input type="checkbox"/> Transitional Height applies (12.21.1-A.10) <input type="checkbox"/> Commercial Corner Development/Mini-Shopping Center height applies (12.22-A.23(a)(1)) PER 12.22.A.25, AN 11FT HEIGHT INCREASE IS REQUESTED. CITY PLANNING TO REVIEW AND VERIFY CONFORMANCE WITH BUILDING HEIGHT.
3	No. of Stories			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21.1 (if code prevails)	
4	FAR (Floor Area Ratio)	3.96 : 1		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		PER 12.22.A.25, AN FAR INCREASE IN 35% IS REQUESTED.
5	RFAR (Residential Floor Area Ratio)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

4 DBS Plan Check staff will sign Section III of the Preliminary Zoning Assessment form and provide stamped and signed architectural plans once the zoning Plan Check verifications are complete.

5 Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No. ⁶	Comments and Additional Information
6	Density			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Density Ratio: 1/800 BY RIGHT <input type="checkbox"/> Site Plan Review (16.05) / Major Project CUP (12.24-U.14)
7	Setback (Front)			<input type="checkbox"/> YES <input type="checkbox"/> NO		Lot Line Location (Street): Lot Line Location (Street):
8	Setback (Side)	8FT WEST 6FT - 5 IN EAST		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Offset/plane break met (if applicable) PER 12.22.A.25, A 20% REDUCTION FOR THE EASTERN SIDE YARD SETBACK IS REQUESTED.
9	Setback (Rear)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
10	Building Line			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Ordinance No.:	


⁶ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No. ⁷	Comments and Additional Information
11	Parking (automobile)	Residential: Non-Residential:	Residential: Non-Residential:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Design standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO CITY PLANNING TO VERIFY IF AB2345 ALLOWS A PARKING RATIO OF 0.5 AUTO SPACES PER UNIT.
12	Parking (bicycle)	Long-term: Short-term:	Long-term: Short-term:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Facility standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO Location standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO
13	Open Space	Total (s.f.): Common (s.f.): Private (s.f.):	Total: Common: Private:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21-G (if code prevails)	Units/Habitable Room <3: =3: >3: Dimensions met: <input type="checkbox"/> YES <input type="checkbox"/> NO
14	Retaining Walls in Special Grading Areas	Max Height: Max Quantity:	Max Height: Max Quantity:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21-C.8 (if code prevails)	

⁷ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No. ⁸	Comments and Additional Information
15	Grading (Zoning & Planning limitations)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
16	Lot Coverage			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
17	Lot Width			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
18	Space between Buildings			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21-C.2(a) (if code prevails)	
19	Passageway			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21-C.2(b) (if code prevails)	
20	Location of Accessory Buildings			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	12.21-C.5 (if code prevails)	

⁸ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No. ⁹	Comments and Additional Information
21	Loading Area			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
22	Trash & Recycling			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
23	Landscape	<i>Conformance determined by Los Angeles City Planning</i>				
24	Private Street	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	Other (e.g. ground floor transparency, lighting, utilities, signage, walls, lot area, minimum frontage, etc.)	<i>See additional sheets, if applicable</i>				Additional Sheet(s) attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Plan Check Application No. ¹⁰ 21010-10001-06334				Notes CITY PLANNING TO VERIFY COMPLIANCE WITH DENSITY, PARKING ,AND REQUIRED OPEN SPACE.		
DBS Plan Check Staff Name and Title KEVIN MORALES SEA II			DBS Plan Check Staff Signature ¹¹ 		Date 04.21.22	

⁹ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

¹⁰ This completed form shall be accompanied by plans stamped and signed by a DBS Plan Check staff following the completion of a zoning Plan Check.

¹¹ LADBS Plan Check staff will sign Section III of the Preliminary Zoning Assessment Form once the zoning plan check verifications are complete.

ADDITIONAL ZONING AND LAND USE STANDARDS REVIEWED - to be completed by DBS Plan Check Staff

Item No.	Zoning Standard	Proposed	Required/Allowed	Standard Met	Applicable Section No.	Comments and Additional Information
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		