

Los Angeles County Department of Regional Planning

HOUSING PERMIT APPLICATION (FORM A)

Affordable Housing

Please read the instructions carefully.

restricted units, and for some e	,	applications for all projects with income ase answer all applicable questions. ay review.
STAFF USE		
Replacement Densit	ty Bonus Incentive(s) Waiver(s)	Rental Mobilehome park For Sale Motel conversion
A. PROJECT LOCATIO	N	
APN(s):	Address:	
B. DENSITY CALCULAT	TIONS	
General/Area/Specific Plan Maximum Allowable Density	Lot Size (acres)	Baseline Dwelling Units
Select one: units per net acre units per gross acre	are rounded up (see County Code Example: 5.11 units rounds up to * Title 22 (Planning and Zoning Code)	o 6 units.
For applications for continuing existin	ig mobileriome park use, please skip ti	o Section I (Mobilehome Park Density Bonus).
Please verify which Gercalculation is based off	·	oplies to your project and determine if density
Please note a one-ston	meeting is recommended for all afford	dable housing projects. The meeting includes



Please note a one-stop meeting is recommended for all affordable housing projects. The meeting includes the following Los Angeles County departments/agencies: Public Works, Fire, Public Health, Development Authority, and Regional Planning. Inquire w/ Regional Planning staff to schedule a meeting.



All affordable housing projects are subject to discounted fees. See 22.250.020.

C. REPLACEMENT UNI	TS PROPOSED (if	applicable)	
Complete the Pre-Existing Site how many existing or previously	Conditions and Househo demolished units will ne	old Income Certification eed to be replaced at af	form to determine fordable levels.
Unit Size	Number of Repl	acement Units by Lev	el of Affordability
	Extremely Low Income	Very Low Income	Lower Income
Studio (no bedroom)			
1 bedroom			
2 bedrooms			
3 bedrooms			
4 or more bedrooms			
TOTAL REPLACEMENT UNITS			
D. INCLUSIONARY HOL	JSING (if applicabl	e)	
Affordable units may be required See County Code Section 22.1 Submarket Area Antelope Valley Coastal South Los Angeles Baseline Dwelling Units 15 or more baseline units Project Type Rental (complete RENTAL bo	21.050 for set-aside req East Los Angeles / Gate Santa Clarita Valley Less than 15 baseline u	uirements. eway San Gabriel V South Los Angunits	alley
RENTAL (select one optio	n)		
Option 1 (avg. 40% AMI or less Baseline Dwelling Units (Renta		side % Require	3 (avg. 80% AMI or less) d Inclusionary Units
Baseline Dwelling Units (For S	ale) For-Sale Option Set	-Aside % Require	ed Inclusionary Units

E. AFFORDABLE SET-ASIDE AND DENSITY BONUS

To determine the density bonus and set-aside options for your project, please see the sliding scale in **Table 22.120.050-A**.

Note: Density bonus units may be counted towards replacement and inclusionary housing requirements.

	ep #1: Affordable Set- Baseline Dwelling Units	- Aside Manager's Unit(s)	Affordable Set-Aside %		Affordable Set-Aside
(Daseline Dwelling Office) X	Set-Aside %	=	Unit Count (round up)
St	ep #2: Density Bonus	S			Density Bonus
E	Baseline Dwelling Units	Manager's Unit(s)	Density Bonus %		Unit Count (round up)
(_) X			
	Check here if you are NOT of development standards.		us but are seeking inc	entiv	es, waivers or reductions
	Check here if you are propo	osing a childcare facility.			
	Check here if you are propo	osing a density bonus that	t exceeds the sliding	scale	(counts towards incentives)
	Check here if you are propo	osing non-affordable, age	-restricted senior citiz	zen ho	ousing.

F. UNIT TOTALS

Please indicate the total number of dwelling units proposed as well as a breakdown by level of affordability (HCD or TCAC). See the **Los Angeles County Income and Rent Limits**.

Level of Affordability	HCD Units	TCAC Units (AB 1763 only)	Total Units
Market Rate	N/A	N/A	
Manager's Unit(s) - Market Rate	N/A	N/A	
Extremely Low Income			
Very Low Income			
Lower Income			
Moderate Income			
Middle Income			
HCD: Published affordability levels per CA Dept. of Housing and Community Development TCAC: Published affordability levels per CA Tax Credit Allocation Committee		Total Market Rate Units Proposed	
		Total Affordable Units Proposed	
		TOTAL UNITS PROPOSED	

G. INCENTIVES (Optional)
Provide a short description of your requested incentive(s). Add additional pages if more incentives are requested. See Table 22.120.050-B .
Incentive #1
Incentive #2
Incentive #3
H. WAIVERS OR REDUCTIONS OF DEVELOPMENT STANDARDS (Optional)
Provide a short description of your requested waiver(s) or reduction(s) of development standards. Add additional pages if more waivers or reductions are requested. See Section 22.120.090 . Note: AB 1763 Projects are not eligible for waivers.
Waiver#1
Waiver #2
Waiver#3
Waiver #4

I. MOBILEHOME P	ARK DENSITY BONUS
General Plan or Zone, an	ntinuing mobilehome park use that exceeds the density permitted by the aid that is not receiving any other density bonus. The existing total number of ll be deemed the maximum number of dwelling units permitted on site. See
Baseline Dwelling Units	Number of Existing Mobilehome Park Spaces

AFFORDABLE HOUSING PERMIT CHECKLIST

Applicants must submit all the required items listed below. Planning staff may request additional items on a project-by-project basis (see below). Applications without all the required items will not be accepted. All applications and required documents must be submitted through epicla.lacounty.gov. Apply and upload items to the Regional Planning Permits and Reviews Base Application.

REQUIRED ITEMS:
Filing Fees - Payments are accepted online through epicla.lacounty.gov. Invoices will be provided. All affordable housing projects are subject to discounted fees. See 22.250.020.
Housing Permit Application Form (Form A)
Discretionary Affordable Housing Project Findings (Form B) - for Discretionary Housing Permits only
Senior Citizen Housing Application Form (Form C) - for Senior Citizen Housing projects only
Pre-Existing Site Conditions and Household Income Certification Form
ADDITIONAL ITEMS FOR SB 35 REVIEW ONLY:
Pre-Existing Site Condition Questionnaire
Prevailing Wage Certification
Source of Funds Questionnaire
Skilled and Trained Workforce Certification
ADDITIONAL ITEMS FOR AB 2162 REVIEW ONLY:
Source of Funds Questionnaire
Supportive Services Plan