

# LOS ANGELES COUNTY DEPARTMENT OF REGIONAL PLANNING **SB 35 PRELIMINARY APPLICATION**

LIFORNIA	
PRELIMINARY APPLICATION	
This form serves as the Preliminary App	lication for multifamily residential projects seeking
streamlined ministerial approval pursua	ant to Section 65913.4 of the California Government Code.
CHECKLIST	
☐ Preliminary Application ☐ Fee	☐ Site Plan (one copy 11" X 17")
GENERAL INFORMATION	
This form shall be completed by the	applicant and reviewed and signed by Department of
Regional Planning ("DRP") staff prior	to being deemed complete. Any modifications to the
	ization by DRP staff is prohibited. Further, any change to
	or the proposed square footage of construction must be
verified by DRP staff.	
	DRP Staff Use Only
RPPL No.	APN(s):
Proposed No. of Dwelling Units:	Proposed Square Footage of Construction:
Date Deemed Complete:	Last Day to File Entitlement Application (180 days
	from date deemed complete):
DRP Staff Name & Title:	DRP Staff Signature:
A. SITE INFORMATION	
1. PROJECT LOCATION	
Street Address:	
Assessor Parcel Number(s):	
Lot Area (sf) :	
Are there any recorded Covenants, affi	davits or easements on this property? Yes No
If "YES." please describe and or depict	• • •

2. EXISTING USE(S)  Describe in detail the existing uses on the project site, including any major physical alterations:
B. PROPOSED PROJECT
1. PROPOSED USE(S)
Describe in detail the characteristics, scope and/or operation of the proposed project (attach additional pages if needed):

# 2. RESIDENTIAL DWELLING UNIT COUNT

Please indicate the total number of dwelling units proposed as well as a breakdown by levels of affordability¹ set by each category (HCD or HUD).

	Number of Units	HCD (State)	HUD (TCAC)		
Market Rate		N/A	N/A		
Managers Unit(s) -		N/A	N/A		
Market Rate					
Extremely Low					
Income					
Very Low Income					
Lower Income					
Moderate Income					
Total No. Units		HCD (State) = Publis	shed affordability		
Proposed		levels per California Department of Housing and Community Development.			
Total No. Affordable					
Units Proposed		HUD (TCAC) = Publis	shed affordability		
Total No. of Bonus		levels per the United S	•		
Units Proposed		of Housing and Urban Development.			

<sup>1</sup> DRP 2019 Income limits: <a href="http://planning.lacounty.gov/assets/upl/project/housing\_2019-income-limits-costs.pdf">http://planning.lacounty.gov/assets/upl/project/housing\_2019-income-limits-costs.pdf</a>

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Provide	the	proposed	floor	area	and	square	footage	of	residential	and	nonresidential
developi	ment										

	Total SF	Residential SF	Commercial SF
Floor Area			
Square Footage of			
Construction			

# 4. PARKING

Provide the proposed number of vehicle and bicycle parking spaces

Total Vehicle Parking	Residential	Nonresidential

Total Bicycle Parking	Residential Short Term		Commercial Long Term

5. AFFORDABLE HOUSING INCENTIVES, WAIVERS, CONCESSIONS and PAR Will the project proponent seek Density Bonus incentives, waivers, concess reductions pursuant to California Government Code Section 65915?  If "YES", please describe:	
6. SUBDIVISION  Will the proposed project include a request for an approval pursuant to the Act, including a vesting or tentative tract map, a vesting or tentative parcel adjustment, or a certificate of compliance?	
7. ADDITIONAL INFORMATION	
Does the project propose any point sources of air or water pollutants? If "YES", please describe: -	☐ Yes ☐ No

# C. EXISTING SITE CONDITIONS

**Total Residential** 

Units

# 1. HOUSING

Provide the number of existing residential units on the project site that will be demolished and whether each existing unit is occupied or unoccupied:

Occupied Residential

**Unoccupied Residential** 

Units

Exis	sting													
То	Be													
Dei	molished													
2.		_	L SITE C	_										
a.	-	-	t site lo				•							
	i. 		ry High				-	•	-		•		Yes _	_
	ii.		etiands, FW (Jun				ed Stat	es Fisi	n and v	VIIdlife	e Serv	ice Mi	anual, Pa Yes	
	iii.	floo Age	d (100-	year fl	ood)	as det	ermine	ed by	the fe	deral	Emerg	gency	nnual ch Manager Manager \[ Yes \[	nent nent
	iv.		elineate cial map		•					d by t	he Sta	ate Ge	ologist ir	-
	V.	659	62.5 or	a haza	rdou	s wast	e site	design	ated b	y the	CA D	epartr	Code Seement of The Code Code Code Code Code Code Code Cod	Гохіс e?
b.	Does th	e proj	ject site	contaiı	n a de	esignat	ed or p	otenti	ially his	storic	and/o	r cultu	ıral resou	ırce?
	If "YES,	' plea	se desci	ribe:									Yes [	] No
C.		•	ject site ected tr		•	•	es ot sp	ecial (	concer	n such	as sp	ecials	status flo	ra or No

<sup>&</sup>lt;sup>2</sup> DRP GIS-NET*public* may be able to provide some environmental site conditions information: http://rpgis.isd.lacounty.gov/Html5Viewer/index.html?viewer=GISNET\_Public.GIS-NET\_Public

Does the project site contain any recorded easement, such as easemer drains, water lines, and other public rights of way?  If "YES", please describe and/or depict on the site plan:	nts for stor
Does the project site contain a stream or other resource that may be sustreambed alteration agreement pursuant to Chapter 6 (commencing v 1600) of Division 2 of the California Fish and Game Code, including cree If "YES", please describe and/or depict on the site plan:	with Sectio
Is the project site located wholly or partially within the Coastal Zone?	☐ Yes
Does the project site contain:  a. A Wetlands, as defined in subdivision (b) of Section 13577 of Title 14 of the of Regulations?	he Californi
	☐ Yes ection 302
<ul><li>a. A Wetlands, as defined in subdivision (b) of Section 13577 of Title 14 of the of Regulations?</li><li>b. An Environmentally Sensitive Habitat Area (ESHAs), as defined in Section 13577 of Title 14 of the of Regulations?</li></ul>	☐ Yes
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Optional: Agent/Repres	entative	
Name		
Company/Firm		
		Unit
		Zip Code
Telephone	Ema	ail
Optional: Other		
Name		
Company/Firm		
Address		Unit
		Zip Code
Telephone	Ema	ail
☐ Applicant ☐ Other		
an ownership disclosure	e is required. The disclo % or greater) and attac	y LLC, corporation, partnership, or trust sure must list the name and addresses o th a copy of the current corporate articles applicable.
If the applicant signs of authorization from the		r(s) please submit a notarized letter of ink signature(s)
Signature		
Print name		
Date		