

CITY OF LOS ANGELES  
DEPARTMENT OF CITY PLANNING

**ENVIRONMENTAL ASSESSMENT FORM**

EAF Case No.: \_\_\_\_\_ ZA Case No.: \_\_\_\_\_ CPC Case No.: \_\_\_\_\_  
Council District No.: \_\_\_\_\_ Community Plan Area: \_\_\_\_\_  
PROJECT ADDRESS: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

OWNER

APPLICANT'S REPRESENTATIVE  
(Other than Owner)

Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Contact Person)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Applicant's Representative)

**The following Exhibits are required (3 copies of each exhibit and 3 Environmental Assessment Forms for projects in Coastal & S.M. Mtn. Zones): All Exhibits should reflect the entire project, not just the area in need of zone change, variance, or other entitlement.**

**NOTE: The exhibits are IN ADDITION TO those required for any case for which the Environmental Assessment Form is being filed.**

- A. **2 Vicinity Maps:** (8½" x 11") showing nearby street system, public facilities and other significant physical features (similar to road maps, Thomas Brothers Maps, etc.) with project area highlighted.
- B. **2 Radius/Land Use Maps:** (1" = 100') showing land use and zoning to 500 feet (100 feet of additional land use beyond the radius for alcoholic beverage cases); 100' radius line (excluding streets) okay for Coastal building permits 300' for site plan review applications.
- C. **2 Plot Plans:** showing the location and layout of proposed development including dimensions; include topographic lines where grade is over 10%; tentative tract or parcel maps where division of land is involved to satisfy this requirement, and the location and diameter of all trees existing on the project site.
- D. **Application:** a duplicate copy of application for zone change, (including Exhibit "C" justification) batch screening form, periodic comprehensive general plan review and zone change map, variance, conditional use, subdivider's statement, etc.
- E. **Pictures:** two or more pictures of the project site showing walls, trees and existing structures.
- F. **Notice of Intent Fee:** an UNDATED check in the amount of \$75 made out to the **Los Angeles County Clerk** for the purpose of filing a Notice of Intent to Adopt a Negative Declaration as required by § 15072 of the State CEQA Guidelines.
- G. **Hillside Grading Areas/Haul Route Approval:** Projects within a Hillside Grading Area involving import/export of 1,000 cubic yards or more shall submit a soils and/or geotechnical report reviewed & approved by LADBS (reports needed to be determined by LADBS) to include measures to mitigate impacts related to grading and obtain a Haul Route Approval from the Board of Building & Safety Commissioners (refer to <http://www.lacity.org/LADBS/forms/forms.htm>).

APPLICATION ACCEPTED

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ENVIRONMENTAL ASSESSMENT

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

**I. Project Description:**

Briefly describe the project and permits necessary (i.e., Tentative Tract, Conditional Use, Zone Change, etc.) including an identification of phases and plans for future expansion:

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Will the project require certification, authorization, clearance or issuance of a permit by any federal, state, county, or environmental control agency, such as Environmental Protection Agency, Air Quality Management District, Water Resources Board, Environmental Affairs, etc.? If so, please specify:

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**II. Existing Conditions:**

- A. Project Site Area \_\_\_\_\_  
Net and \_\_\_\_\_ Gross Acres \_\_\_\_\_
- B. Existing Zoning \_\_\_\_\_
- C. Existing Use of Land \_\_\_\_\_  
Existing General Plan Designation \_\_\_\_\_
- D. Requested General Plan Designation \_\_\_\_\_
- E. Number \_\_\_\_\_ type \_\_\_\_\_ and age  $\pm$  \_\_\_\_\_ of structures to be removed as a result of the project. If residential dwellings (apts., single-family, condos) are being removed indicate the number of units: \_\_\_\_\_ and average rent: \_\_\_\_\_  
Is there any similar housing at this price range available in the area? If yes, where?  
\_\_\_\_\_
- F. Number \_\_\_\_\_ Trunk Diameter \_\_\_\_\_ and type \_\_\_\_\_  
of existing trees.
- G. Number \_\_\_\_\_ Trunk Diameter \_\_\_\_\_ and type \_\_\_\_\_  
of trees being removed (identify on plot plan.)
- H. Slope: State percent of property which is:  
\_\_\_\_\_ Less than 10% slope \_\_\_\_\_ 10–15% slope \_\_\_\_\_ over 15% slope  
*If slopes over 10% exist, a topographic map will be required. Over 50 acres, 1" = 200' scale is okay.*
- I. Check the applicable boxes and indicate the condition on the Plot Plan. There are  natural or man-made drainage channels,  rights of way and/or  hazardous pipelines crossing or immediately adjacent to the property, or  none of the above.
- J. Grading: (specify the total amount of dirt being moved)  
\_\_\_\_\_ 0-500 cubic yards.  
\_\_\_\_\_ if over 500 cubic yards. indicate amount of cubic yards.
- K. Import/Export: Indicate the amount of dirt being imported or exported \_\_\_\_\_.

If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Describe entire project, not just area in need of zone change, variance, or other entitlement.

### III. Residential project (if not residential, do not answer)

- A. Number of Dwelling Units-  
Single Family \_\_\_\_\_ Apartment \_\_\_\_\_ or Condominium \_\_\_\_\_
- B. Number of Dwelling Units with:  
One bedroom \_\_\_\_\_ Two bedrooms \_\_\_\_\_  
Three bedrooms \_\_\_\_\_ Four or more bedrooms \_\_\_\_\_
- C. Total number of parking spaces provided \_\_\_\_\_
- D. List recreational facilities of project \_\_\_\_\_
- E. Approximate price range of units \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- F. Number of stories \_\_\_\_\_, height \_\_\_\_\_ feet.
- G. Type of appliances and heating (gas, electric, gas/electric, solar) \_\_\_\_\_  
Gas heated swimming pool? \_\_\_\_\_
- H. Describe night lighting of the project \_\_\_\_\_  
(include plan for shielding light from adjacent uses, if available)
- I. Percent of total project proposed for: Building \_\_\_\_\_  
Paving \_\_\_\_\_  
Landscaping \_\_\_\_\_
- J. Total Number of square feet of floor area \_\_\_\_\_

### IV. Commercial, Industrial or Other Project (if project is only residential do not answer this section). Describe entire project, not just area in need of zone change, variance, or other entitlement.

- A. Type of use \_\_\_\_\_
- B. Total number of square feet of floor area \_\_\_\_\_
- C. Number of units if hotel/motel \_\_\_\_\_
- D. Number of stories \_\_\_\_\_ height \_\_\_\_\_ feet.
- E. Total number of parking spaces provided: \_\_\_\_\_
- F. Hours of operation \_\_\_\_\_ Days of operation \_\_\_\_\_
- G. If fixed seats or beds involved, number \_\_\_\_\_
- H. Describe night lighting of the project \_\_\_\_\_  
(Include plan for shielding light from adjacent uses, if available)
- I. Number of employees per shift \_\_\_\_\_
- J. Number of students/patients/patrons \_\_\_\_\_
- K. Describe security provisions for project \_\_\_\_\_
- L. Percent of total project proposed for: Building \_\_\_\_\_  
Paving \_\_\_\_\_  
Landscaping \_\_\_\_\_

### Historic/Architecturally Significant Project

Does the project involve any structures, buildings, street lighting systems, spaces, sites or components thereof which may be designated or eligible for designation in any of the following: (please check)

- National Register of Historic Places \_\_\_\_\_
- California Register of Historic Resources \_\_\_\_\_
- City of Los Angeles Cultural Historic Monument. \_\_\_\_\_
- Within a City of Los Angeles Historic Preservation Overlay Zone (HPOZ) \_\_\_\_\_

**V. Hazardous Materials and Substance Discharge**

Does the project involve the use of any hazardous materials or have hazardous substance discharge? If so, please specify. \_\_\_\_\_  
\_\_\_\_\_

- A. Regulatory Identification Number (if known) \_\_\_\_\_
- B. Licensing Agency \_\_\_\_\_
- C. Quantity of daily discharge \_\_\_\_\_

**VI. Stationary Noise Clearance: A clearance may be necessary certifying the project's equipment (e.g., air conditioning) complies with City Noise Regulations.**

Some projects may require a Noise Study. The EIR staff will inform those affected by this requirement.

**VII. Selected Information:**

- A. Circulation: Identify by name all major and secondary highways and freeways within 1,000 feet of the proposed project; give the approximate distance(s):  
\_\_\_\_\_
- B. Air: All projects that are required to obtain AQMD permits (see AQMD Rules and Regulations) are required to submit written clearance from the AQMD indicating no significant impact will be created by the proposed project.\*

**VIII. Mitigating Measures:**

Feasible alternatives or mitigation measures which would substantially lessen any significant adverse impact which the development may have on the environment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Contact the South Coast Air Quality Management District at (909) 396-2000 for further information.

**APPLICANT/CONSULTANT'S AFFIDAVIT**

**OWNER MUST SIGN AND BE NOTARIZED;**

**IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED**

I, \_\_\_\_\_  
Owner (Owner in escrow)\*  
(Please Print)

I, \_\_\_\_\_  
Consultant\*  
(Please Print)

Signed: \_\_\_\_\_  
Owner

Signed: \_\_\_\_\_  
Agent

being duly sworn, state that the statements and information contained in this Environmental Assessment Form are in all respects true and correct to the best of my knowledge and belief.

\*\*\*\*\*Space Below This Line for Notary's Use\*\*\*\*\*

**ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
(Insert Name of Notary Public and Title)

\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf on which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature (Seal)