

# ENVIRONMENTAL INFORMATION FORM (EIF)

MSB Room 101, 633 E. Broadway at Glendale Avenue (818) 548-3200

FOR OFFICE USE ONLY						
EIF #:	Fee Receipt #:	Accepted By:	Date:			
Case #:						
Project Type:						
Applicant's Name:			Phone:			
			Fax:			
Address:		City:	Zip Code:			
Person to Contact Regardin	ng Project:					
Address:		City:	Zip Code:			
Property Owners Name:			Phone:			
Address:		City:	Zip Code:			

This form will be circulated to appropriate City Departments and/or other government agencies for review of potential environmental effect of the project described herein in order to make environmental determinations pursuant to the California Environmental Quality Act of 1970, as amended (Public Resource Code Sec. 21000 et.seq.).

	List and describe all permits and other public approvals required for this project (Federal, State, unty, SCAQMD, City, etc.):
C.	List all public funding sources including state and federal, if applicable:
EX	ISTING CONDITIONS
	ISTING CONDITIONS  Project area (indicate square feet and/or acres):
A.	Project area (indicate square feet and/or acres):
A. B.	
А. В.	Project area (indicate square feet and/or acres):  Existing zoning:
A. B. C.	Project area (indicate square feet and/or acres):  Existing zoning:
A. B. C.	Project area (indicate square feet and/or acres):  Existing zoning:  General Plan or Land Use designation for project area (use all appropriate land use categories):

G. Number of people currently residing on the	ne project site:			
H. Slope characteristics of the site (use perce	ntages if site falls into more than one c	ategory):		
Flat/Sloping (0-8%)	Hilly (16-20%)	Hilly (16-20%)		
Rolling (9-15%)	Steep (over 20%)			
	site (all trees with height 10'-0" or mor			
J. Describe all wildlife inhabiting or utilizing	the site (include seasonal usage):			
K. Land use of surrounding properties. Indicuse (single family, apartments, shops, departments) Attach photographs of the vicinity.				
North:				
South:				
East:				
West:				
RESIDENTIAL PROJECT (IF NOT FOUESTION 4)	RESIDENTIAL, DO NOT ANSW	ER, GO TO		
A. Number of dwelling units in each category	y:			
ngle Family: Condominium:				
Apartment: Other:				
B. Number of:				
Efficiency units:	Floor area per unit:	sq. ft.		
One bedroom:	Floor area per unit: sq. ft.			
Two bedroom:	Floor area per unit: sq. ft.			
Three or more bedrooms:	Floor area per unit:	sq. ft.		
	TOTAL FLOOR AREA:	sq. ft.		
C. Total number of parking spaces provided:	Required:			

**3.** 

RESIDENTIAL ONLY, DO			
A. Type of use (be specific):			
B. Total floor area allocated to e	ach (use list above):		
C. Number of stories:	Height:	feet.	
D. Total number of parking space			
E. Hours of operation:			
F. Maximum occupancy (# of pe Employees (per shift):			
G. Amount of landscaped open s	space:		sq. ft.
H. What exterior lighting is property of the PRJOECT SCHEDULE	oosed:		
A. Indicate the proposed schedu estimated completion time (mont			start date (month/year)
B. If applicable, indicate previou	ns or completed phases o		
C. If the project is a component extensions:	of a larger plan or progra		•
ENVIRONMENTAL EVAI	<u>LUATION</u>		
A. Number, type and age of struor commercial structures, building	ctures to be removed as a		

C. Will people currently residing on the site be removed or relocated by the project?  YES NO
If yes, attach a sheet(s) specifying number in each household, current tenants, current income, and tenant agreements.
D. Will the project affect hilly or mountainous terrain or will there be a substantial alteration of ground
contours? YES NO Also, indicate the gross cubic yards of grading proposed
the acres of land to be graded, cubic feet of soil to be imported
cubic feet of soil to be exported, and haul routes to be used
E. Do soil or geological conditions exist on the subject site which affect the use of the property?  YES NO If yes, submit detailed report.
F. Has the soil been investigated for toxic contamination or has the site ever had underground or above ground storage of hazardous materials?
YES NO If yes, submit detailed report.
G. Number, size and type of tree(s) to be removed:
H. If the site is currently vacant, have any investigation been conducted to determine whether or not there are any paleontological or archaeological remains on the site?  YES NO If yes, attach report.  I. How will storm water runoff quality or quantity be affected by the proposed project? (Attach report if necessary)
J. What dust, fumes, smoke, odors, air pollutants, or toxic air contaminants will be created either temporarily or permanently by the project you propose (include effects of construction activity):
K. What changes in existing noise or vibration levels will occur on the project site and the immediate area as a result of the project? Submit study if necessary.
L. Will hazardous (toxic, corrosive, ignitable or explosive) materials be used on the site during construction and after the project is completed?  YES NO If yes, list materials and submit risk assessment
M. Does the project require a Variance or Conditional Use Permit?  YES NO If yes, attach application(s).

#### **OWNER'S AFFIDAVIT**

I hereby certify that I am the legally authorized owner of all property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, business, etc., as evidenced by separate instrument attached herewith. I herby grant to the applicant of this form full power to sign all documents related to this application, including any conditions or litigation measures as may be deemed necessary.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on (Date)	at	, California		
Owner's Signature	, Owner's Printed Name			
	APPLICANT'S AFFIDA	VIT		
information required for this initial of correct to the best of my knowledge agree to the return of this form for a until all applicable information is contact authorized by the owner to present the including any conditions or litigation.	evaluation and that the facts, stateme and belief. Further, should the state ppropriate revisions, understanding to prected or provided by the applicant, his application and to sign on behalf in measures as may be deemed necess	tached exhibits represent the data and nts and information presented are true and d information be found false or insufficient, I he City of Glendale cannot process this form I herby certify that I have been legally of all documents related to this application, sary. Note: When the applicant is a e authorization to sign for such applicant is		
I declare under penalty of po	erjury that the foregoing is true and c	correct.		
Executed on (Date)	at	, California		
Applicant's Signature	, Applicant's Print	red Name		
	CONFICT OF INTEREST STA	TEMENT		
office who serves on a quasi-judicia \$250.00 or more from any person, of for use pending before any body of date a decision is rendered on an apparapplication. Further, said State law	I board or commission, from accepting this or her agent, who has an application, the office or alternate is a membration, or from any person, or his assection requires applicants for permit or commission members. Therefore	ppointed office, or alternate, or candidate for ng, soliciting or directing a contribution of ation or a license, permit or other entitlement other of, or for three (3) months following the agent, who actively supports or opposes the ts to disclose whether or not they have made, the following statement must accompany		
	ning Adjustments, Environmental Pla	es of \$250.00 or more to any member of the anning Board, or Zoning Administrator during		
YES NO If yes,	to Whom.	, When		
I hereby certify under penal	ty of perjury that the above informat	ion is true and correct.		