



REFERRAL FORMS:

**TRANSFER OF FLOOR AREA RIGHTS (TFAR) – LESS THAN 50,000 SQ.FT.
CENTRAL CITY COMMUNITY PLAN AREA**

RELATED CODE SECTION: Section 14.5 of the Los Angeles Municipal Code establishes the standards to implement the Transfer of Floor Area Rights (TFAR) in the Central City TFAR Area.

APPLICABILITY: This form, completed and signed by appropriate Planning Staff, must accompany any application submitted to the Department of City Planning regarding any Transfer of Floor Area Rights (TFAR).

A. APPLICANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

DATE SUBMITTED: _____

B. PROJECT SUMMARY

Receiver Site¹ Information (please complete all sections):

1. Receiver Site Address: _____ Assessor Parcel Number: _____

2. Is the Receiver Site Project² located in the City Center Redevelopment Project Area?

Yes No

3. Lot Area in square feet (sq.ft.): _____

4. Buildable Area: _____

5. Zoning: _____

6. By-Right Floor Area Ratio: _____

7. Total Floor Area of Proposed Development: _____

8. Total estimated size of the requested Transfer (in square feet of Floor Area Rights and must be less than 50,000 sq.ft. to use this form): _____ sq.ft.

9. Estimated Floor Area Ratio (upon completion): _____

¹ As defined in Section 14.5.3 of the Los Angeles Municipal Code (LAMC). A Receiver Site means a site within the Central City TFAR Area, which receives Floor Area Rights pursuant to the provisions of this article.

² See attached map for reference. As defined in Section 14.5.3 of the LAMC, the TFAR Area is generally bounded by: U.S. Highway 101 on the north; Alameda Street, Los Angeles Street, San Pedro Street, and Main Street on the east; the Santa Monica Freeway (Interstate 10) on the south; and the Harbor Freeway (110 Freeway) and Hill Street on the west.

C. Public Benefits

1. Receiver Site-Valuation for Public Benefit Payment Calculation (please complete one and complete respective information):

a. Sales Price

Sales Price: _____

Date of Sale: _____

Name of Buyer: _____

Name of Seller: _____

b. Appraisal

Appraised Value: _____

Date of Appraisal: _____

Company Name: _____

Name of Appraiser: _____

Address of Appraiser: _____

Telephone # of Appraiser: _____

By signing below Applicant hereby certifies the above-described sales transaction was between unrelated parties at arms-length and that no other consideration (monetary or non-monetary) other than that set forth was paid or provided to Seller as an inducement to enter into the sale of the Receiver Site.

Applicant

2. Estimated Public Benefits Payment³ (please complete the estimated Public Benefits Payment sections)

How to Calculate Estimated Public Benefits
Information needed for calculation
Valuation (sales price or appraised value) from #C.1 above: _____
Lot Area (sq.ft.) from #B.3): _____
Floor Area Ratio Factor (e.g., factor for an FAR of 6:1 is 6): _____
Requested Floor Area Transfer from #B.8: _____

Formula for Calculating of Public Benefits Payment
(Value/ Lot Area/ Floor Area Factor) x 0.40 x Floor Area Transfer Request = Public Benefit Payment Estimate

Example:
Valuation: \$22,000,220; Lot Area: 37,031 sq.ft.; Floor Area Ratio Factor: 6
Public Benefit Payment Estimate: (\$22,000,220/ 37,031 sq.ft./ 6) x 0.40 x 49,999 sq.ft. = \$1,980,303

a. Estimated Public Benefit Payment: \$ _____

Please show calculation in space below:

(Valuation [#C.1] _____ / Lot Area [#B.3] _____ / FAR Factor _____) x 0.40 x Floor Area Request sq.ft. [#B.8] _____

³ Public Benefit Payment means that dollar sum established by the application of the formula set forth in Section 14.5.9 of the LAMC.

3. Proposed Public Benefit⁴ (please check one and complete respective information)

a. 100% to the Public Benefit Payment Trust Fund (amount from Section #C.2a, once information inputted skip to #D): \$ _____

b. Public Benefit Direct Provisions

A minimum of 50% of the Total Public Benefit must go to the Public Benefit Trust Fund, thus no more than a maximum of 50% of the Total Public Benefit Total shall go to Public Benefit Direct Provisions (see instructions on the next page to complete the Public Benefit Direct Provisions Table).

Percentage to the Public Benefit Payment Trust Fund _____%

Total to the Public Benefit Trust Fund \$ _____

Public Benefit Direct Provisions must directly provide Public Benefits in the following categories. Please check all that apply. Public Benefit Direct Provision Project description must be as detailed as possible in the Table on page 4.

<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Streetscape Improvements
<input type="checkbox"/> Public Open Space <i>(in addition to entitlement requirements)</i>	<input type="checkbox"/> Public Art Programs
<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Homeless Services Programs
<input type="checkbox"/> Recreational, Cultural, Community and Public Facilities	<input type="checkbox"/> Public Transportation Improvements
<input type="checkbox"/> Job Training/ Outreach Programs	<input type="checkbox"/> Other
<input type="checkbox"/> Affordable Child Care	<i>(on-site improvements separate from entitlement requirements or project scope, e.g., vertical garden)</i>

⁴ As defined in Section 14.5.3 of the LAMC. Public Benefits means amenities provided to the public including, but not limited to, providing for affordable housing; public open space; historic preservation; recreational, cultural, community and public facilities; job training and outreach programs; local hiring; payment of prevailing wages; affordable child care; streetscape improvements; sustainability features; public arts programs; homeless services programs; or public transportation improvements.

4. Proposed Public Benefit Direct Provisions

Please complete table with information on the proposed Public Benefit Direct Provision Project, Recipient, the Project Name (if a “named” Project, input information, i.e., Affordable Housing Trust Fund, if Project has no name, please use the same name as the Recipient Name), Public Benefit Project Address, description of Public Benefit Project (i.e., funding for development of affordable housing in Historic Core) and Percentage of the Total Public Benefit Payment (total of all percentages of the various Direct Provision projects must not exceed 50% of the Estimated Public Benefit Payment). Attach a 2 mile radius map of the Receiver site.

Proposed Public Benefit Direct Provisions					
Recipient Name of Public Benefit	Recipient Contact Information	Public Benefit Project Name	Public Benefit Project Address	Public Benefit Project Description	Estimated Percentage of Public Benefit
Example: <i>Los Angeles Housing and Community Investment Department</i>	<i>Jane Doe (213) 333-3333 jane.doe@gmail.com</i>	<i>Affordable Housing Trust Fund</i>	<i>123 S Broadway Los Angeles, CA 90013</i>	<i>Funding for development of affordable housing in Historic Core</i>	<i>25%</i>
TOTAL					
<i>(Note: Percentage shall NOT exceed 50%)</i>					

NOTE: Public Benefits Direct Provision

Public Benefit Direct Provisions are subject to review through the discretionary review process and may be subject to change. If the proposed Public Benefit Direct Provisions listed in this Application are disapproved by any reviewing governmental body, the Applicant's proposed Public Benefit Direct Provisions will automatically convert to the payment of cash to the Public Benefit Payment Trust Fund in the amount of the required Public Benefit Payment.

D. General Findings

Please complete entire section below. Please write responses to the section below or on a separate sheet attached to this form. When attaching the sheet please label title of sheet "General Findings" and label with appropriate numbers e.g., D.1, D.2, etc.

Please describe how the TFAR Project complies with each of the following Findings. *Note: when the Receiver Site is located within the City Center Redevelopment Project Area, this process is in addition to any process required by the CRA/LA-DLA.*

- 1. That the Project is proper in relation to the adjacent uses or the development of the community;

- 2. That the Project will not be materially detrimental to the character of development in the immediate neighborhoods;

- 3. That the Project will be in harmony with the various elements and objectives of the General Plan;

- 4. That the Project is consistent with any applicable adopted Redevelopment Plan;

5. That the Transfer serves the public interest by providing public benefits in accordance with Subparagraph (b)(1) of this subdivision (Section 14.5.7 of the LAMC); and

6. That the Project incorporates feasible mitigation measures, monitoring measures when necessary or alternatives identified in the environmental review which would substantially lessen the significant environmental effects of the Project, and any additional findings as may be required by CEQA.

E. Applicant's Signature
(Signature must be notarized)

Under penalty of perjury the undersigned Applicant affirms that the foregoing information is true and correct to the best of his/her knowledge:

Signature: _____

By: _____

Title: _____

STATE OF CALIFORNIA
COUNTY OF _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____
(month), _____ (year), by _____, proved to me on the basis of
satisfactory evidence to be the person(s) who appeared before me.

Signature _____
(Seal)

F. AUTHORIZATION TO FILE (all items must be checked and information filled in to deem TFAR Application complete and to receive authorization to File TFAR Application). A signature is required by Projecting Planning.

1. Early Consultation Compliance

Prior to filing, the following Agencies/ Offices/ Departments shall be notified of the application.

- City Planning
- Mayor's Office
- City Council
- Chief Legislative Office
- CRA/LA, Designated Local Authority (if applicable)

2. Verification of Public Benefit Payment Calculation

- Appropriate verification of Receiver Site Valuation is complete and Public Benefit Payment calculation is correct.

Public Benefit Payment Estimate \$ _____

3. Verification of TFAR Public Benefits

- Public Benefit is serving a public purpose (description in the Table for Public Benefit Direct Provisions provides enough detail, and proposed Public Benefit Direct Provision Project may be categorized as any of the following affordable housing; public open space; historic preservation; recreational; cultural; community and public facilities; job training and outreach programs; affordable child care; streetscape improvements; public arts programs; homeless services programs; or public transportation improvements.
- Recipient Contact Information is complete
- Not applicable – 100% of Public Benefit Payment to the Public Benefit Payment Trust Fund

Comments:

4. Findings are attached to Form

- Yes No

5. ENVIRONMENTAL CLEARANCE (check all that apply)

- Not Determined - Environmental Assessment Form (EAF) attached
- Categorical Exemption: Class _____ Category _____
- Environmental Impact Report (EIR) needed
- Existing ENV Case Number: _____
- ENV Addendum Case Number: _____

Note: Projecting Planning staff is required to sign.

Project Planning Signature:

Date:

Phone Number:

Print Name:

Email:

INSTRUCTIONS: TFAR Referrals

- 1. Appointments:** A pre-filing appointment with the assigned Project Planner is required to complete this referral form. City Planning's current Assignment List can be found on our website at <http://planning.lacity.org> under the "About" tab. [After the form is completed an appointment to file your application at the Development Services Centers is also required and must be made via the City Planning website.]
- 2. Review Materials:** Review of the application by assigned Project Planning staff is intended to provide the Applicant with early notification of any issues with regard to requested actions or the adequacy of application exhibits/materials which could subsequently delay processing.
 - a. Provide the assigned planners with a copy of this form with all sections completed.
 - b. Provide a complete copy of all application materials as specified in the Master Filing Instructions (e.g. completed DCP Application, plot plans, photographs, etc.).
 - c. Provide the Specialized Requirements/Findings or Instructions pertinent to your project (e.g. Specific Plan filing instructions, DRB filing instructions, Tentative Tract filing instructions, etc.).
- 3. Other Applicable Approvals:** Applicants are strongly advised to obtain a pre-plan check consultation with the Los Angeles Department of Building and Safety (LADBS) to ascertain if there are any other issues or necessary approvals associated with the project/site which should be resolved prior to filing. The design of the proposed project may require alterations in order to comply with the Los Angeles Municipal Code.

City of Los Angeles Department of City Planning website: <http://planning.lacity.org>

DOWNTOWN OFFICES:	Central Project Planning Offices Los Angeles City Hall 200 N. Spring Street, Room 621 Los Angeles, CA	West/South/Harbor Project Planning Offices Los Angeles City Hall 200 N. Spring Street, Room 720 Los Angeles, CA	DSC Metro Counter Figueroa Plaza, 4th Floor 221 N. Figueroa St. Los Angeles, CA
VALLEY OFFICES:	Valley Project Planning Offices Marvin Braude Building 6262 Van Nuys Blvd., Suite 430 Van Nuys, CA		DSC Valley Counter Marvin Braude Building 6262 Van Nuys Blvd., Suite 251 Van Nuys, CA
WEST LA OFFICE:			DSC West Los Angeles Counter 1828 Sawtelle Blvd., 2nd Floor West Los Angeles, CA 90025