



**ADMINISTRATIVE REVIEW**

**REDEVELOPMENT PLAN AREA – CENTRAL INDUSTRIAL  
DESIGN FOR DEVELOPMENT - GUIDELINES AND CONTROLS RESIDENTIAL HOTELS  
Administrative Review and Referral**

**RELATED CODE SECTION:** Los Angeles Municipal Code Section (LAMC) 11.5.14 establishes the process and procedures for implementing the Redevelopment Plan.

**PURPOSE:** This Administrative Review and Referral form determines the appropriate review process for proposed Projects within a Redevelopment Project Area that has a Design for Development. Proposed development activity within Redevelopment Project Areas must conform to the Design for Development.

**GENERAL INFORMATION**

- **A Redevelopment Plan Project (Project)** includes any proposed development activity within a Redevelopment Project Area with an Unexpired Redevelopment Plan, that includes the issuance of a building, grading, demolition, sign or change of use permit. Refer to 11.5.14 for the full definition.
- **Residential Hotel/SRO (“Residential Hotel”)** – Any building, including a building with single-room occupancy (“SRO”) units, containing six or more guest rooms or efficiency units primarily intended or designed to be used, or which are used, rented or hired out to be occupied, or which are occupied, for sleeping purposes, and dwelling purposes by guests, meeting the definition of “Residential Hotel Occupant,” which is the primary residence of those guests, whether rent is paid in money, goods, or services. All hotels meeting the definition above within one year prior to the adoption of the Development Guidelines are considered to be a Residential Hotel/SRO.

It does not include any jail, health facilities as defined by Section 1250 of the Health and Safety Code, asylum, sanitarium, orphanage, prison, convent, rectory, residential care facility for the elderly as defined 1569.2 of the Health and Safety Code, residential facilities as defined in Section 1502 of the Health and Safety Code or other institution in which human beings are housed or detained under legal restraint.

For the purposes of these Development Guidelines and inventory of Residential Hotels meeting this definition is attached hereto and incorporated herein as Attachment A.

Residential Hotel/SROs within the City Center and Central Industrial Redevelopment Project Areas are flagged on ZIMAS with ZI No. 2487.

- Visit [Planning4LA.org](http://Planning4LA.org) to review the Development Guidelines and Controls for Residential Hotels in the Central Industrial Redevelopment Project Areas.
- Review process options available:
  - Administrative Review
  - Project Compliance - public hearing may be required

**1. APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Related Case: \_\_\_\_\_

**2. PROJECT BACKGROUND**

Residential Hotel flagged by ZI-2353? Yes  No

**Describe in detail the proposed project (attach additional sheets if necessary).**

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**3. PROPOSED WORK (Select One) Note: No over the counter sign-off are permitted.**

Type of Permit		Provide Supplemental Information on a separate sheet
Tenant Improvement	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Does the improvement result in a loss of a Residential Unit? If so, describe in detail if the improvements result in more than 25% reduction in units.</li> <li>Describe in detail how the improvements provide better living conditions (e.g., individual bathrooms, accessibility for persons with disabilities).</li> <li>See Section 5 Displaced Occupants – Relocation Requirements</li> </ul>
Demolition	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>See Section 4 Methods for Replacement – Conditions for Clearance</li> </ul>
Conversion	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>See Section 4 Methods for Replacement – Conditions for Clearance</li> </ul>
Have you applied for a building permit from the Department of Building and Safety?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of application: _____		Permit Application #: _____

*NOTE: all proposed work information is forwarded for review to Legal Aid Foundation*

**4. METHODS FOR REPLACEMENT - CONDITIONS FOR CLEARANCE (Select one if checked Demolition or Conversion above under type of permit)**

REPLACEMENT UNIT REQUIREMENTS	See Instructions below:
<p><b>One-for-one replacement – Replacement Plan</b> (check one below)</p> <p>On-site ___ Off-site ___</p>	<ul style="list-style-type: none"> <li>Off-site, provide the following:                             <ul style="list-style-type: none"> <li>Address _____</li> <li>Assessor Parcel Number _____</li> <li>Site Control (circle one): YES NO</li> <li>Entitlement Status _____</li> </ul> </li> <li>Attach Replacement Housing Plan – See Section IV. Approval of a Permit to Demolish, Rehabilitate or Convert a Residential Hotel of the Design Guidelines and Controls</li> </ul>
<b>Payment of an in-lieu fee</b>	<input type="checkbox"/> See Section VIID. Payment of an In-Lieu Fee of the Design Guidelines and Controls
<b>Purchase of Affordability Covenants</b>	<input type="checkbox"/> See Section VIIC. Purchase of Affordability, Covenants of the Design Guidelines and Controls

**5. DISPLACED OCCUPANTS - RELOCATION REQUIREMENTS (When Applicable)**

Type of Permit		Provide Supplemental Information on a separate sheet the following
Tenant Improvement	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>See Section VIII.B. Residential Hotel/SRO Occupants Displaced by Private Owner</li> <li>Complete Primary Work Renovation</li> <li>Prepare a Tenant Habitability Plan</li> </ul>
Demolition	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>See Section VIII.B. Residential Hotel/SRO Occupants Displaced by Private Owner</li> </ul>
Conversion	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>See Section VIII.B. Residential Hotel/SRO Occupants Displaced by Private Owner</li> </ul>

**6. REQUIRED INFORMATION**

Please attach the following information to your application.	
Legal and mailing address of Residential Hotel.	<input type="checkbox"/>
A List of the names and addresses of all owners or operators of the Residential Hotel.	<input type="checkbox"/>
A List of the names of all tenants in the Residential Hotel and the unit which they reside.	<input type="checkbox"/>
A List of the total number of units in the Residential Hotel and their current uses.	<input type="checkbox"/>
A List of the current rental rates for the Residential Hotel units.	<input type="checkbox"/>
The length of each tenant's tenancy in Residential Hotel units affected.	<input type="checkbox"/>
Affordability Covenant	<input type="checkbox"/>
Provide photos, taken within the last 90 days, of the entire scope of work showing the existing site conditions. Print photos with no more than two per page, label each photo regarding image content, (e.g. studio unit, One (1) bedroom unit). <ul style="list-style-type: none"> <li>Tenant Improvements: Photos of each type of unit being remodeled, (e.g. One (1) bedroom unit, or studio unit, each will need different sets).</li> <li>Conversions: Photos for each type of unit being converted.</li> </ul>	<input type="checkbox"/>

**7. APPLICANT SIGNATURE**

(Signature must be notarized)

I hereby declare, under penalty of perjury under the laws of the State of California, that the information provided in this form and attachments is true and correct to the best of my knowledge and belief. I state that I am legally authorized to bind the ownership entity for this property, and I further agree to permit the City of Los Angeles to verify the accuracy of the records provided and to sign all waivers and other documents as may be required to permit such verification.

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)

**8. PROJECT REVIEW REQUIREMENTS**

**SUBMITTAL PACKAGE** (check all that apply)

**A. Administrative Review for the Redevelopment Plan**

The Submittal Package includes this *Administrative Review and Referral Form*, and the *Documents and Materials* for the Administrative Review and Referral Form, listed in the Administrative Review Instruction (CP-3540)

*NOTE: For an Administrative Review clearance, the project must conform to the regulations of the Design Guidelines.*

**B. Administrative Review for the Design for Development (DFD)**

The Submittal Package includes this *Administrative Review and Referral Form*, and the *Documents and Materials* for Design for Development, listed in the Administrative Review Instruction (CP-3540)

**C. Project Compliance**

The Submittal Package includes this *Administrative Review and Referral Form*, and the *Documents and Materials* for *Project Compliance*, listed in the Administrative Review Instruction (CP-3540)

All forms and related materials shall be submitted to the Development Services Center Redevelopment Plan Unit.

**- CITY STAFF USE ONLY -**

**NOTE:** Signature below only indicates that the HCID and Redevelopment Plan Unit staff reviewed proposed project. All official clearances are noted on the clearance summary sheet for issuance of a permit from LADBS on PCIS, including Administrative Sign-Off/Approval.

<b>9. HCID REVIEW</b>	
Tenant Habitability Plan (if applicable) reviewed by:	<input type="checkbox"/> Covenant Recorded
Replacement Housing Plan (if applicable) reviewed by:	
Relocation Plan (if applicable) reviewed by:	

CASE NUMBER: \_\_\_\_\_

<b>10. ADMINISTRATIVE REVIEW</b>		
Staff Signature	Date	Phone Number
Print Name	Email	

<b>11. PROJECT PLANNING REFERRAL</b>		
<input type="checkbox"/> <b>Project Compliance Required</b>		
<b>INITIAL REVIEW BY</b>		
Staff Signature	Date	Phone Number
Print Name	Email	

**ADDITIONAL STAFF NOTES**