

REFERRAL FORM



PRELIMINARY ZONING ASSESSMENT

This form is to serve as an inter-agency referral for City Planning applications associated with a project creating two or more residential units. As a part of a City Planning application, a completed Preliminary Zoning Assessment (PZA) form, accompanied by architectural plans, shall be submitted to Plan Check staff at the Department of Building and Safety (LADBS). LADBS Plan Check staff will sign the PZA form and the architectural plans once the informational Zoning Plan Check verifications are completed. Following the completion of the PZA process, a City Planning application may be filed along with all other applicable filing requirements.

Review of the referral form by City staff is intended to determine compliance with City zoning and land use requirements necessary to achieve the proposed project and to identify any zoning issues or necessary approvals that would need to be resolved through a City Planning application. The informational Zoning Plan Check done through the PZA process does not constitute a zoning approval and does not require compliance with development standards to be completed.

To check if a project type qualifies for and requires the PZA form, see the [Housing Development Project Applicability Matrix](#) available on the City Planning Forms [webpage](#).

CONTACT INFORMATION

Department of Building and Safety, Affordable Housing Section

201 N. Figueroa St., Ste 830

Los Angeles, CA 90012

Phone: (213) 482-0455

Web: <https://ladbs.org/services/special-assistance/affordable-housing>

Email: LADBS.AHS@lacity.org

Department of City Planning, Development Services Center

For locations and hours:

<https://planning.lacity.org/contact/locations-hours>

THIS SECTION TO BE COMPLETED BY LADBS PLAN CHECK STAFF ONLY

LADBS Plan Check Staff Name and Title	LADBS Plan Check Staff Signature¹
Plan Check Application No.²	Date
Notes <input type="checkbox"/> ED 1 Eligible	

¹ LADBS Plan Check staff will sign the Preliminary Zoning Assessment Form once the Zoning Plan Check verifications are complete.

² This completed form shall be accompanied by plans signed by a DBS Plan Check staff following the completion of a Zoning Plan Check.

THIS SECTION TO BE COMPLETED BY THE APPLICANT³

PROJECT INFORMATION

I. PROJECT LOCATION, ZONING & LAND USE JURISDICTION

Project Address: _____

Project Name (if applicable): _____

Assessor Parcel Number(s): _____

Legal Description (Lot, Block, Tract): _____

Community Plan: _____ **Number of Parcels:** _____ **Site Area:** _____ sq. ft.

Current Zone(s) & Height District(s): _____ **Land Use Designation:** _____

- | | | | | | |
|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | ED 1 Eligible⁴ | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Site Contains Historical Features |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Alley in Rear | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Downtown Design Guide Area |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Coastal Zone | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Special Grading Area (BOE) Area |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Hillside Area (Zoning) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Very High Fire Hazard Severity Zone |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Enterprise Zone | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Greater Downtown Housing Incentive Area |

Specific Plan: _____

Historic Preservation Overlay Zone (HPOZ): _____

Design Review Board (DRB): _____

Redevelopment Project Area: _____

Overlay Zone (CPIO/CDO/POD/NSO/RIO/CUGU/etc.): _____

Q Condition/ D Limitation/ T Classification (Ordinance No. and Subarea): _____

Description of Condition: _____

Legal (Lot Cut Date) _____

Related City Planning Cases _____

³ All fields in this form must be completed. If an item is not applicable, write N/A.
⁴ Refer to [Executive Directive 1 Implementation Guidelines](#) for qualifying criteria. If the project is determined to be ineligible for ED 1, a new Referral Form will need to be obtained.

Z.I.(s) _____

Affidavits _____

Easements _____

TOC Tier⁵ (if applicable to project) _____

II. PROJECT DESCRIPTION

Project Description/Proposed Use _____

No. of Stories: _____ **No. of Dwelling Units:** _____ **Floor Area (Zoning):** _____

Present Use/No. of Units: _____

III. CITY PLANNING ACTION(S) REQUESTED

Provide the Los Angeles Municipal Code (LAMC) Section that authorizes the request to City Planning and (if applicable) the Section in the LAMC or the Specific Plan/Overlay from which relief is sought; follow with a description of the requested action.

Authorizing Code Section: _____

Code Section from which relief is requested (if any): _____

Action Requested, Narrative: _____

Authorizing Code Section: _____

Code Section from which relief is requested (if any): _____

Action Requested, Narrative: _____

Additional Requests Attached

YES NO

⁵ Must be verified by the City Planning Affordable Housing Services Section. A Tier Verification for projects using the TOC guidelines is required to initiate a Preliminary Zoning Assessment with LADBS. Contact Planning.PriorityHousing@lacity.org.

IV. APPLICANT INFORMATION⁶

Name: _____

Phone: _____

Email: _____

V. REPRESENTATIVE INFORMATION

Name: _____

Phone: _____

Email: _____

⁶ An applicant is a person with a lasting interest in the completed project such as the property owner or a lessee/user of a project. An applicant is not someone filing a case on behalf of a client (i.e. usually not the agent/representative).

VI. PRELIMINARY ZONING ASSESSMENT SUMMARY

THIS SECTION TO BE COMPLETED BY LADBS PLAN CHECK STAFF⁷

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable LAMC Section No. ⁸	Comments and Additional Information
1	Use			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Conditional Use (LAMC Section 12.24) for <hr/>
2	Height			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> Transitional Height applies (LAMC Section 12.21.1 A.10) <input type="checkbox"/> Commercial Corner Development/Mini-Shopping Center height applies (LAMC Section 12.22 A.23(a)(1))

⁷ LADBS Plan Check staff will sign Section IV of the Preliminary Zoning Assessment (PZA) form and provide signed architectural plans once the Zoning Plan Check verifications are complete.

⁸ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ⁹	Comments and Additional Information
3	No. of Stories			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21.1 (if code prevails)	
4	FAR (Floor Area Ratio)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

⁹ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁰	Comments and Additional Information
5	RFAR (Residential Floor Area Ratio)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
6	Density			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		Density Ratio: <input type="checkbox"/> Site Plan Review (16.05) / Major Project CUP (12.24 U.14)

¹⁰ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹¹	Comments and Additional Information
7	Setback (Front)			<input type="checkbox"/> YES <input type="checkbox"/> NO		Lot Line Location (Street Name): Lot Line Location (Street Name):
8	Setback (Side)			<input type="checkbox"/> YES <input type="checkbox"/> NO		Offset/plane break met: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

¹¹ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹²	Comments and Additional Information
9	Setback (Rear)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
10	Building Line			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	Ordinance No.:	

¹² Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹³	Comments and Additional Information
11	Parking (automobile)	Residential: Non-Residential:	Residential: Non-Residential:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 A.4 (if code prevails)	Design standards met(12.21 A5): <input type="checkbox"/> YES <input type="checkbox"/> NO Improvement standards met (12.21 A.6 (except landscaping, to be determined by City Planning)): <input type="checkbox"/> YES <input type="checkbox"/> NO
12	Bicycle Parking (residential)	Long-term: Short-term:	Long-term: Short-term:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 A.16 (if code prevails)	Facility standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO Design standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO

¹³ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁴	Comments and Additional Information
13	Bicycle Parking (non-residential)	Long-term: Short-term:	Long-term: Short-term:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 A.16 (if code prevails)	Facility standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO Design standards met: <input type="checkbox"/> YES <input type="checkbox"/> NO
14	Open Space	Total (sq. ft.): Common (sq. ft.): Private (sq. ft.):	Total: Common: Private:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 G (if code prevails)	Units/Habitable Room <3: =3: >3: Dimensions met: <input type="checkbox"/> YES <input type="checkbox"/> NO

¹⁴ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁵	Comments and Additional Information
15	Retaining Walls in Special Grading Areas	Max Height: Max Quantity:	Max Height: Max Quantity:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 C.8 (if code prevails)	
16	Grading (Zoning and Planning limitations)			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

¹⁵ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁶	Comments and Additional Information
17	Lot Coverage			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
18	Lot Width			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

¹⁶ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁷	Comments and Additional Information
19	Space between Buildings			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 C.2(a) (if code prevails)	
20	Passageway			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 C.2(b) (if code prevails)	

¹⁷ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁸	Comments and Additional Information
21	Location of Accessory Buildings			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	LAMC Section 12.21 C.5 (if code prevails)	
22	Loading Area			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

¹⁸ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ¹⁹	Comments and Additional Information
23	Trash & Recycling			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
24	Landscape	<i>Conformance determined by Los Angeles City Planning</i>				

¹⁹ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No. ²⁰	Comments and Additional Information
25	Private Street	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
	Other (e.g., ground floor transparency, lighting, utilities, signage, walls, lot area, minimum frontage, etc.)	See additional sheets, if applicable				Additional Sheet(s) attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

²⁰ Per the applicable section of the Zoning Code, Specific Plan, Zoning Overlay, Ordinance, Bonus Program, Planning Case Condition.

_____ (LADBS Staff Initials)

**ADDITIONAL ZONING AND LAND USE STANDARDS REVIEWED
to be completed by LADBS Plan Check Staff**

Item No.	Zoning Standard	Proposed	Required/ Allowed	Standard Met	Applicable Section No.	Comments and Additional Information
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

_____ (LADBS Staff Initials)