

ELDERCARE FACILITY UNIFIED PERMIT (ELD)

NOTE: When filing for the above application, the following items are required in addition to those specified in the *Master Filing Instructions* (form CP-7810).

RELATED CODE SECTION: Los Angeles Municipal Code (LAMC) Section 14.3.1 authorizes applications for Eldercare Facilities in the A1 through R3 Zones where not permitted by right; or in the RAS3, R4, RAS4, R5, and all C Zones when the facility does not meet the use, area, or height provisions of the respective zone; or when the facility does not meet the requirements of any specific plan, supplemental use district, "T" classification, "Q" condition, "D" limitation or Citywide regulation adopted or imposed by City action.

PUBLIC NOTICING: The applicant must arrange for the mailing of a hearing notice to all property owners and occupants (i.e. tenants) within 500 feet of the subject site as well as on-site posting of the notice. Refer to the *Mailing Procedures* (CP-2074) and *On-Site Posting* (CP-7762) handouts for further instructions.

SPECIALIZED REQUIREMENTS:

1. **Shade/Shadow Analysis** – Required if the project exceeds the allowable height or if it encroaches into the required yard setbacks which abut sensitive uses, including, but not limited to single-family homes.
2. **Plot Plan** – Be sure to include where and how the future required parking spaces will be provided if the project is utilizing LAMC Section 12.21-A,4(u). Refer to *Plot Plan Instructions* (CP-7752).
3. **Floor Plan** – Label the specific use of the rooms and locations where program activities are occurring. Refer to *Floor Plan Instructions* (CP-7751).
4. **Master Land Use Application** – The *Master Land Use Application* (CP-7771) must identify each provision of the LAMC that the project is deviating from (for example use, density, floor area, height, setbacks, open space, parking, etc.).
5. **State License** – For projects which contain Alzheimer's/Dementia Care Housing, Assisted Living Care Housing, and/or Skilled Nursing Care Housing, provide a copy of the State license (if already issued).

FINDINGS: In order to approve an application, the decision maker must decide if the facts presented in the record are such to establish the findings (i.e. criteria for approval) stated below. On separate pages copy each finding, and follow it with a justification/explanation of how the proposed project conforms to the finding.

1. Explain how the strict application of the land use regulations on the subject property would result in practical difficulties or unnecessary hardships inconsistent with the general purpose and intent of the zoning regulations.
2. Describe how the project's location, size, height, operations and other significant features are compatible with and do not adversely affect or further degrade adjacent properties, the surrounding neighborhood, or the public health, welfare, and safety.
3. Describe the services to the elderly such as housing, medical services, social services, or long term care to meet citywide demand.

4. Explain how the project does not create an adverse impact on street access or circulation in the surrounding neighborhood.
5. Explain how the arrangement of uses, buildings, structures, open spaces and other improvements that are compatible with the scale and character of the adjacent properties and surrounding neighborhood.
6. Explain how the project is in substantial conformance with the purposes, intent and provisions of the General Plan, applicable community plan, and with any applicable specific plan.

ADDITIONAL QUESTIONS: The items below cover important information which will help acquaint the decision maker with your request. The information is required but should not be considered as a limitation upon material to be submitted, and the applicant is encouraged to include any additional material you feel is relevant. In the space below, or on separate paper if necessary, complete the following:

1. Section 12.03 of the LAMC specifies that a minimum of 75% of the floor area of an Eldercare Facility, exclusive of common areas, shall consist of Senior Independent Housing and/or Assisted Living Care Housing. Please complete the following chart to indicate what portion of your proposed project is dedicated to the following uses:

Use	Floor Area	Percentage
Alzheimer's / Dementia Care Housing	square feet	%
Assisted Living Care Housing	square feet	%
Senior Independent Housing	square feet	%
Skilled Nursing Care Housing	square feet	%
Common Areas	square feet	%
Total	square feet	100%

Indicate the sheet number on the plans that shows the required information Summary Table which includes the above data. _____.

2. What enriched services are provided on-site, such as social and physical activities and aging-in-place opportunities?

3. What enriched services are provided off-site and within 1,500 feet, such as transportation and social/health services, opportunities for community involvement (such as libraries or parks), senior serving commercial uses, (such as grocery store, drug store, beauty salon/barber shop, coffee shops) and other accessibility/walkability considerations?

4. Will the project provide reduced parking spaces, pursuant to Section LAMC Section 12.21-A,4(u)?
 Yes No If Yes, indicate below how the additional parking spaces otherwise required by the Code will be provided should the development cease to qualify as an Eldercare Facility:
- a. If by construction of new parking spaces, indicate the sheet number on the plans which shows where the spaces would be provided: _____.
 - b. If by other methods, describe how Code required parking would be achieved (for example reduction in number of units through consolidation).

5. Will there be special transportation (e.g. buses, vans) provided for the residents? Yes No
 If Yes, where they will be stored or parked? _____. If on site, indicate the sheet number on the plans which shows where they will be parked _____.
6. What will be the maximum number of staff at the facility at any given time? _____
 Will any of the staff/facility operators reside on the premises? Yes No
 If Yes, how many? _____
7. Will there be nurses and/or doctors visiting the facility? Yes No
 If Yes, how many? _____; and how often? _____
8. Will there be nurses and/or doctors residing on the premises? Yes No
 If Yes, how many? _____