

REFERRAL FORM



TRANSIT VERIFICATION FORM

This form is to serve as a referral to all City agencies for the purposes of determining the proximity of a project site to transit service. This form shall be completed by the Applicant and reviewed and signed by Los Angeles City Planning (LACP) Staff prior to filing an application for administrative review or a building permit. Any modifications to the content(s) of this form after its authorization by the LACP Staff is prohibited. LACP reserves the right to require an updated form for the project if more than 180 days have transpired since the referral date, or as necessary, to reflect project modifications, policy changes, bus route changes, bus schedule changes, and/or amendments to the Los Angeles Municipal Code (LAMC), local laws, and State laws.

THIS SECTION TO BE COMPLETED BY PLANNING STAFF ONLY

Planning Staff Name & Title: _____

Planning Staff Signature: _____

Referral Date: _____ Expiration Date: _____

Transportation Qualifiers (if applicable)

Major Transit Stop Paratransit / Fixed Bus Route High Quality Transit Corridor

Other: _____

Location of Transit: _____

Qualifier #1: _____

Service Interval #1: _____ Service Interval #2: _____

Qualifier #2: _____

Service Interval #1: _____ Service Interval #2: _____

Service Intervals are calculated by dividing 420 (the total number of minutes during the peak hours of 6 am to 9 am and 3 pm to 7 pm) by the number of eligible trips.

NOTES:

THIS SECTION TO BE COMPLETED BY THE APPLICANT

APPLICANT INFORMATION

Applicant Name: _____

Phone Number: _____

Email: _____

PROJECT LOCATION/ZONING

Project Address(es): _____

Assessor Parcel Number(s): _____

Community Plan: _____

Existing Zone: _____

Land Use Designation: _____

Number of Parcels: _____

Site Size (sf): _____

Specific Plan **DRB/CDO** **HPOZ** **Redevelopment Project Area**

Enterprise Zone **Q Condition/D Limitation (Specify Ordinance No.):** _____

Other Pertinent Zoning Information: _____