



Application:

**TRANSFER OF FLOOR AREA RIGHTS
Cornfield Arroyo Seco Specific Plan (CASP)**

This box for Planning staff use only

Case No: _____ Date Submitted: _____

Applicant Name: _____

Applicant Mailing Address: _____

Project Address: _____

Allocation Plan

1. Receiver Site

a. Legal Description of Proposed Receiver Site

Lot(s): _____ Block(s): _____

Tract(s): _____

Assessor's Parcel Number(s): _____

b. Proposed Receiver Site and Project Size

Lot Area (sq. ft.): _____

Total Floor Area of Proposed Improvements (sq. ft.): _____

Estimated Floor Area Ratio (upon completion): _____

c. Proposed Receiver Site Zoning and Planning Information:

Zoning: _____

Base Floor Area: _____

2. Donor Site

a. Description of Proposed Donor Site

Name of Donor Site: _____

Owner of Donor Site: _____

Lot(s): _____ Block(s): _____

Tract(s): _____

Assessor's Parcel Number(s): _____

b. Proposed Donor Site Zoning and Planning Information

Zoning: _____

Maximum By-Right Floor Area Ratio: _____

Lot Area (sq. ft.): _____

Current Floor Area Ratio of Improvements: _____

Square Footage Proposed for Transfer: _____

Remaining buildable Floor Area after Transfer: _____

c. Ownership of Donor Site

Please check the appropriate box:

The Donor Site is owned by the City of Los Angeles or the River Revitalization Corporation. If checked please complete Section 3.

The Donor Site is not owned by the City of Los Angeles or the River Revitalization Corporation. If checked skip to Section 4.

3. Public Benefits Payment

a. Value of Receiver Site

Date of Receiver Site Purchase: _____

Purchase Price of Receiver Site (if purchased within 18 months of the date of this Application): _____

Or, Value of Receiver Site by Certified Appraiser (if purchased more than 18 months before the date of the Application): _____

If an Appraisal is used to determine the Value of the Receiver Site a copy of the Appraisal, notarized by the Appraiser, must accompany this Application.

b. Calculation of Estimate Public Benefits Payment

Value of Receiver Site [from Section 3.a above]: _____

Divided by Lot Area of Receiver Site [from Section 1.b above]: _____ = _____

Further Divided by the

Base Floor Area of Receiver Site [from Section 1.c above]: _____ = _____

Multiplied by 40% _____ = _____

Multiplied by square feet of Transferred Floor Area _____ = _____

c. Payment of Estimated Public Benefits Payment

How much of the Public Benefits Payment shall be cash? _____

How much of the Estimated Public Benefits Payment will be provided as directly provided public benefits or improvements? _____

Note: Cannot exceed 50% of the overall Estimated Public Benefits Payment

d. Directly Provided Public Benefits

Applicant proposes to directly provide Public Benefits in the following categories (please check all that apply):

- | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> - affordable housing (in the discretion of the Agency and the City) | <input type="checkbox"/> - recreation, cultural, community and public facilities |
| <input type="checkbox"/> - public art programs | <input type="checkbox"/> - public open space (in addition to entitlement requirements) |
| <input type="checkbox"/> - job training / outreach programs | <input type="checkbox"/> - homeless services programs |
| <input type="checkbox"/> - historic preservation | <input type="checkbox"/> - affordable child care |
| <input type="checkbox"/> - public transportation improvements | <input type="checkbox"/> - streetscape improvements |
| <input type="checkbox"/> - other (describe briefly below) | |

Please provide the following information about proposed recipients of directly provided Public Benefits (please use additional pages if necessary):

Proposed Recipient # 1

Recipient: _____

Percentage of Maximum Allowable Directly Provided Public Benefits % _____

Use of Directly Provide Public Benefits Payment (please describe briefly): _____

Location of Usage of Directly Provided Public Benefit Payment: _____

Distance of Usage from Receiver Site (in miles): _____

4. Satisfaction of Transfer Standards / Findings

Projects involving a Transfer wherein the resulting Floor Area, after the transfer, will be in excess of 4:1 FAR shall provide written verification as to how the project complies with the following Findings:

- a. The Project's location, size, height, operations and other significant features will be compatible with and not adversely affect or further degrade adjacent properties, the surrounding neighborhood, or public health, welfare and safety; and,
- b. The Project substantially conforms with the purpose, intent and provisions of the General Plan, the applicable community plan, and the Cornfield Arroyo Seco Specific Plan.

5. Applicant's Signature

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

Owner's Signature of Donor Site: _____

Title: _____

By: _____ Date: _____

Owner's Signature of Receiver Site: _____

Title: _____

By: _____ Date: _____