# FINDINGS/SPECIAL REQUIREMENTS



#### **ELDERCARE FACILITY UNIFIED PERMIT**

#### **Related Code Section**

Los Angeles Municipal Code (LAMC) Section 14.3.1 authorizes applications for Eldercare Facilities.

In the A1 through R3 Zones, an Eldercare Facility may be permitted through an Eldercare Facility Unified Permit (ELD) entitlement. As part of this entitlement, a project may request to deviate from the use, area, or height provisions of the respective zone, or the requirements of any specific plan, supplemental use district, "T" classification, "Q" condition, "D" limitation, or Citywide regulation adopted or imposed by City action.

In the RAS3, R4, RAS4, R5, and all C Zones, an Eldercare Facility need only file an ELD entitlement if the project requests to deviate from the area or height provisions of the respective zone, or 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 Hearing and Notice**

Notification of a public hearing for the above process includes Property Owners and Occupants (i.e., tenants) within <u>500 feet</u> from the boundaries of the subject sit, as well as on-site posting of the notice. This is for informational purposes only and not required at the time of filing, unless otherwise requested. Refer to the Mailing Procedures Instructions (<u>CP-2074</u>) and Posting Instructions (<u>CP-7762</u>) for applicable requirements.

# Specialized Requirements

When filing for the above application, the following items are required in addition to those specified in the City Planning Application Filing Instructions (CP-7810).

## City Planning Application

If deviating from any provisions of the LAMC (e.g., use, density, floor area, height, setbacks, open space, parking), identify each provision on the City Planning Application Form (CP-7771.1).

## Shade/Shadow Analysis

A Shade/Shadow Analysis is required if the project exceeds the allowable height or encroaches into required yard setbacks which abut sensitive uses, including, but not limited to single-family homes.

#### Plot Plan

Refer to Plot Plan Instructions (<u>CP-7752</u>) for applicable requirements. If utilizing LAMC Section 12.21 A.4(u), indicate where and how the future required parking spaces will be provided.

#### Floor Plan

Refer to Floor Plan Instructions (<u>CP-7751</u>) for applicable requirements. Label the specific use of the rooms and locations where program activities are occurring.

#### 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).

# **Specialized Questions**

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

**1.** LAMC Section 12.03 specifies that a minimum of 75% of the floor area of an Eldercare Facility, exclusive of common areas, <u>shall</u> 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 <u>on-site</u>, 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, pursuant to LAMC Section 12.21   | A.4(u)?<br>□ Yes | □ No        |
|-----|--|------------------|-------------|
|     | If Yes, indicate below how the additional parking spaces otherwise require be provided should the development cease to qualify as an Eldercare Fac |                  | LAMC will   |
|     | If by construction of new parking spaces, indicate the sheet number or shows where the spaces would be provided:                                   | n the plan       | s which     |
|     | b. If by other methods, describe how LAMC required parking would be ac example reduction in number of units through consolidation).                | chieved (f       | or          |
| 5.  | Will special transportation (e.g., buses, vans) be provided for the resident   | s? □ Ye          | s □ No      |
|     | If Yes, where will they be stored or parked? If onsite, indicate the sheet now which shows where they will be parked:                              | umber on         | the plans   |
| 6.  | What will be the maximum number of staff at the facility at any given time   | ?                | <del></del> |
|     | Will any of the staff/facility operators reside on the premises?  If Yes, how many?  | □ Yes            | □ No        |
| 7.  | Will there be nurses and/or doctors <u>visiting</u> the facility?  If Yes, how many?; and how often?   | □ Yes            | □ No        |
| 8.  | Will there be nurses and/or doctors <u>residing</u> on the premises? If Yes, how many?   | □ Yes            | □ No        |
| inc | lings  |                  |             |

The decision maker must decide if the facts presented in the record support the findings (i.e., criteria for approval) established in the LAMC. On a separate sheet, provide a detailed justification/explanation of how the proposed project conforms with the following:

- 1. 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. 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. The project shall provide services to the elderly such as housing, medical services, social services, or long-term care to meet citywide demand.
- 4. The project shall not create an adverse impact on street access or circulation in the surrounding neighborhood.

- **5.** The project provides an 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.** 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.