



**APPLICATIONS:**

**ENVIRONMENTAL ASSESSMENT FORM**

*THIS BOX FOR CITY PLANNING STAFF USE ONLY*

**Environmental Case Number:** \_\_\_\_\_

Related Case Numbers: \_\_\_\_\_

Case Filed With (Print Name): \_\_\_\_\_ Date Filed: \_\_\_\_\_

EAF Accepted By (Print Name): \_\_\_\_\_ Date Accepted: \_\_\_\_\_

*All terms in this document are applicable to the singular as well as the plural forms of such terms.*

Project Address<sup>1</sup>: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_

Community Plan Area: \_\_\_\_\_ Council District: \_\_\_\_\_

**APPLICANT (if not Property Owner)**

**PROPERTY OWNER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Normandie 110 LLC &  
Company: 100 Normandie Avenue QOZB PropCo LLC

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**APPLICANT'S REPRESENTATIVE**

**ENVIRONMENTAL REVIEW CONSULTANT**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

<sup>1</sup> Project address must include all addresses on the subject site (as identified in ZIMAS; <http://zimas.lacity.org>)

**OVERVIEW**

CEQA, or the California Environmental Quality Act, is a statute that requires state and local agencies to identify the significant environmental impacts of their actions and to avoid or mitigate those impacts, if feasible. CEQA requires public agencies to conduct environmental review before making a determination on a project. The environmental review process examines the potential impacts your project will have on the property and its surroundings, and makes recommendations (mitigation measures) on how to minimize or reduce those impacts that are found to be significant. The purpose of this application is to assist staff in determining the appropriate environmental clearance for your project. Please fill out this form completely. Missing, incomplete or inconsistent information will cause delays in the processing of your application.

**1. PROJECT DESCRIPTION**

**A.** Briefly describe the entire project and any related entitlements (e.g. Tentative Tract, Conditional Use, Zone Change, etc.). The description must include all phases and plans for future expansion.

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Additional information or Expanded Initial Study attached:     YES     NO

**B.** Will the project require certification, authorization, clearance or issuance of a permit by any federal, state, county, or environmental control agency, such as Environmental Protection Agency, Air Quality Management District, Water Resources Board, Environmental Affairs, etc.?     YES     NO

If YES, please specify:

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**2. EXISTING CONDITIONS**

**A. Project Site.**

Lot Area: \_\_\_\_\_ square feet

Net Acres: \_\_\_\_\_ Gross Acres: \_\_\_\_\_

**B. Zoning/Land Use.**

	Existing	Proposed
<b>Zoning</b>		
<b>Use of Land</b>		
<b>General Plan Designation</b>		

**C. Structures.**

1. Does the property contain any vacant structure?  YES  NO

If YES, describe and state how long it has been vacant: \_\_\_\_\_  
 \_\_\_\_\_

2. Will any structures be removed/demolished as a result of the project?  YES  NO

If YES, provide the number: \_\_\_\_\_, type: \_\_\_\_\_  
 \_\_\_\_\_, total square footage: \_\_\_\_\_  
 and age: \_\_\_\_\_ of structures to be removed.

If residential dwellings (apartments, single-family, condominiums etc.) are being removed indicate the number of units: \_\_\_\_\_

**D. Trees.**

Are there any trees on the property, and/or within the public right-of-way next to the property, that will be removed or impacted\* as a result of the project?  YES  NO

If YES complete the following:

Tree Status	Quantity Existing	Tree Types	Quantity Removed	Quantity Relocated	Quantity Replaced	Quantity Impacted*
<b>Non-Protected</b> (8" trunk diameter and greater)						
<b>Protected</b> (4" trunk diameter and greater)		Oak Tree (excluding Scrub Oak)				
		Southern California Black Walnut				
		Western Sycamore				
		California Bay				

\* Impacted means that grading or construction activity will be conducted within five (5) feet of, or underneath the tree's canopy.

Additional information attached:  YES  NO

*If a protected tree (as defined in Section 17.02 of the LAMC) will be removed, replaced, relocated, or impacted, a **Tree Report** is required.*

**E. Slope.** State the percent of property which is:

Less than 10% slope: \_\_\_\_\_ 10-15% slope: \_\_\_\_\_ over 15% slope: \_\_\_\_\_

*If slopes over 10% exist, a **Topographic Map** will be required.*

F. **Grading.** Specify the total amount of dirt being moved:

- 0-500 cubic yards       More than 500 cubic yards

If more than 500 cubic yards (indicate amount): \_\_\_\_\_ cubic yards

G. **Import/Export.** Indicate the amount of dirt to be imported or exported:

Imported: \_\_\_\_\_ cubic yards      Exported: \_\_\_\_\_ cubic yards

Location of disposal site: \_\_\_\_\_

Location of borrow site: \_\_\_\_\_

Is the Project Site located within a Bureau of Engineering (BOE) Special Grading Area?    YES     NO

If YES, a **Haul Route** is required.

H. **Hazardous Materials and Substances.** Is the project proposed on land that is or was developed with a dry cleaning, automobile repair, gasoline station, or industrial/manufacturing use, or other similar type of use that may have resulted in site contamination?     YES       NO

If YES, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If YES, a **Phase I Environmental Site Assessment (ESA)** is required.

I. **Historic, Cultural and/or Architecturally Significant Site or Structure.** Does the project involve any structures, buildings, street lighting systems, spaces, sites or components thereof which are designated or may be eligible for designation in any of the following? If YES, please check and describe:

National Register of Historic Places: \_\_\_\_\_

California Register of Historic Resources: \_\_\_\_\_

City of Los Angeles Cultural Historic Monument: \_\_\_\_\_

Located within a City of Los Angeles Historic Preservation Overlay Zone (HPOZ): \_\_\_\_\_

\_\_\_\_\_

Identified on SurveyLA: \_\_\_\_\_

Identified in HistoricPlacesLA: \_\_\_\_\_

Does the Project affect any structure 45 or more years old that does not have a local, state, or federal designation for cultural or historic preservation?     YES       NO

**J. Miscellaneous.** Does the property contain any easements, rights-of-way, Covenant & Agreements, contracts, underground storage tanks or pipelines which restrict full use of the property?  YES  NO

If YES, describe: \_\_\_\_\_  
\_\_\_\_\_ and indicate the sheet number on your plans showing the condition: \_\_\_\_\_.

**3. PROPOSED DEVELOPMENT**

In the sections below, describe the entire project, not just the area in need of the entitlement request. If the project involves more than one phase or substantial expansion or changes of existing uses, please document each portion separately, with the total or project details written below. Attach additional sheets as necessary to fully describe the project.

**A. ALL PROJECTS**

**i. Parking.**

Vehicular Parking

Required: \_\_\_\_\_ + Guest: \_\_\_\_\_

Proposed: \_\_\_\_\_ + Guest: \_\_\_\_\_

Bicycle Parking:

Required Long-Term: \_\_\_\_\_ Required Short-Term: \_\_\_\_\_

Proposed Long-Term: \_\_\_\_\_ Proposed Short-Term: \_\_\_\_\_

**ii. Height.**

Number of stories (not including mezzanine levels): \_\_\_\_\_ Maximum height: \_\_\_\_\_

Are Mezzanine levels proposed?  YES  NO

If YES, indicate on which floor: \_\_\_\_\_,

If YES, indicate the total square feet of each mezzanine: \_\_\_\_\_

*New construction resulting in a height in excess of 60 feet may require a **Shade/Shadow Analysis**. This does not apply to projects that are located within a Transit Priority Area (TPA) as defined by ZI-2452 (check the Planning and Zoning tab in ZIMAS for this information <http://ZIMAS.lacity.org>).*

**iii. Project Size.**

What is the total floor area of the project? \_\_\_\_\_ gross square feet

**iv. Lot Coverage.** Indicate the percent of the total project that is proposed for:

Building footprint: \_\_\_\_\_ %

Paving/hardscape: \_\_\_\_\_ %

Landscaping: \_\_\_\_\_ %

**v. Lighting.** Describe night lighting of project: \_\_\_\_\_

\_\_\_\_\_.

**B. RESIDENTIAL PROJECT**

If no portion of the project is residential check  -N/A and continue to next section

**i. Number of Dwelling Units.**

Single Family: \_\_\_\_\_, Apartment: \_\_\_\_\_, Condominium: \_\_\_\_\_

**ii. Recreational Facilities.** List recreational facilities for project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**iii. Open Space.**

Does the project involve new construction resulting in additional floor area and units?  YES  NO

Does the project involve six or more residential units?  YES  NO

If YES to both, complete the following

Pursuant to LAMC 12.21.G	Required	Proposed
Common Open Space (Square Feet)		
Private Open Space (Square Feet)		
Landscaped Open Space Area (Square Feet)		
Number of trees (24 inch box or greater)		

**iv. Utilities.** Describe the types of appliances and heating (gas, electric, gas/electric, solar): \_\_\_\_\_

\_\_\_\_\_

**v. Accessory Uses.** Describe new accessory structures (detached garage, guest house, swimming pool, fence, stable, etc.) and/or additions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. COMMERCIAL, INDUSTRIAL OR OTHER PROJECT**

If the project is residential only check  -N/A and continue to next section

**i. Type of Use.** \_\_\_\_\_

\_\_\_\_\_

**ii. Project Size.** Does the project only involve the remodel or change of use of an existing interior space or leasehold?  YES  NO

If YES, indicate the total size of the interior space or leasehold: \_\_\_\_\_ square feet

**iii. Hotel/Motel.** Identify the number of guest rooms: \_\_\_\_\_ guest rooms

iv. **Days of operation.** \_\_\_\_\_  
**Hours of operation.** \_\_\_\_\_

v. **Special Events.** Will there be special events not normally associated with a day-to-day operation (e.g. fund raisers, pay-for-view events, parent-teacher nights, athletic events, graduations)?  YES  NO

If YES, describe events and how often they are proposed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

vi. **Occupancy Limit.** Total Fire Department occupancy limit: \_\_\_\_\_

- a. Number of fixed seats or beds \_\_\_\_\_
- b. Total number of patrons/students \_\_\_\_\_
- c. Number of employees per shift \_\_\_\_\_, number of shifts \_\_\_\_\_
- d. Size of largest assembly area \_\_\_\_\_ square feet

v. **Security.** Describe security provisions for the project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. SELECTED INFORMATION**

A. **Circulation.** Identify by name all arterial road types (i.e. Boulevard I, II, Avenue I, II, III) and freeways within 1,000 feet of the proposed Project; give the approximate distances (check <http://navigatela.lacity.org> for this information). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. **Green building certification.** Will the project be LEED-certified or equivalent?  YES  NO

If YES, check appropriate box:

- Certified  Equivalent  Silver  Gold  Platinum  Other \_\_\_\_\_

C. **Fire sprinklers.** Will the Project include fire sprinklers?  YES  NO

**5. CLASS 32 URBAN INFILL CATEGORICAL EXEMPTION (CE) REQUEST**

The Class 32 “Urban Infill” Categorical Exemption (Section 15332 of the State CEQA Guidelines), is available for development within urbanized areas. This class is not intended to be applied to projects that would result in any significant traffic, noise, air quality, or water quality impacts.

**Check this box if you are requesting a Class 32 Exemption, and:**

- You have read DCP’s Specialized Instructions for the Class 32 Categorical Exemption (CP-7828) and,
- You have submitted the written justifications identified in the Specialized Instructions, and any supporting documents and/or technical studies to support your position that the proposed Project is eligible for the Class 32 Exemption and the project does not fall under any of the Exceptions pursuant to CEQA Section 15300.2.

Note that requesting the Urban Infill CE does not guarantee that the request will be accepted. The City may require additional studies and information if necessary to process the CE. The City reserves all rights to determine the appropriate CEQA clearance, including using multiple clearances and requiring an EIR if necessary.



**APPLICANT/CONSULTANT'S AFFIDAVIT  
OWNER MUST SIGN AND BE NOTARIZED,  
IF THERE IS AN AGENT, THE AGENT MUST ALSO SIGN AND BE NOTARIZED**

PROPERTY OWNER	CONSULTANT/AGENT
I, (print name) <u>JONATHAN HAROUNI</u>	I, (print name) _____
Signature <u>[Handwritten Signature]</u>	Signature _____

being duly sworn, state that the statements and information, including plans and other attachments, contained in this Environmental Assessment Form are in all respects true and correct to the best of my knowledge and belief. I hereby certify that I have fully informed the City of the nature of the Project for purposes of the California Environmental Quality Act (CEQA) and have not submitted this application with the intention of segmenting a larger Project in violation of CEQA. I understand that should the City determine that the Project is part of a larger Project for purposes of CEQA; the City may revoke any approvals and/or stay any subsequent entitlements or permits (including certificates of occupancy) until a full and complete CEQA analysis is reviewed and appropriate CEQA clearance is adopted or certified.

**Space Below for Notary's Use**

**California All-Purpose Acknowledgement** **Civil Code Section 1189**  
 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of LOS ANGELES

On JANUARY 26, 2021 before me, ERIKA PENALOZA, NOTARY PUBLIC  
 (Insert Name of Notary Public and Title)

personally appeared JONATHAN HAROUNI, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf on which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

[Handwritten Signature] (Seal)  
 Signature

