# **APPLICATIONS**



### ENVIRONMENTAL ASSESSMENT FORM

| THIS BOX FOR CITY PLANNING S                                                                                     | TAFF USE ONLY                 |
|------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Environmental Case No.:                                                                                          |                               |
| Related Case Nos.:                                                                                               |                               |
| Filed With:                                                                                                      | Date Filed:                   |
| Accepted By:                                                                                                     | Date Accepted:                |
| All terms in this document are applicable to the singular as we project Address: 11263 - 11325 Ventura Boulevard |                               |
| Assessor's Parcel Number: 2366-035-007,2366-036-00                                                               |                               |
| Major Cross Streets: Tujunga Avenue (to the west) and                                                            | Vineland Avenue (to the east) |
| Community Plan: Sherman Oaks-Studio City-Toluca La                                                               |                               |

#### **OVERVIEW**

The California Environmental Quality Act, also known as CEQA, was enacted by the State of California in 1970 to establish statewide regulations for the environmental review of discretionary projects. The CEQA review process is intended to foster transparency and integrity in public decision-making while ensuring land use decisions take into account the full impacts of development on natural and human environments. Before a discretionary project may be approved by the City, the Department must determine the appropriate level of CEQA review and conduct the corresponding type of environmental analysis.

Under CEQA, a project's potential impacts on the environment will fall into one of the following categories: Statutory Exemption (including the Sustainable Communities Project Exemption [SCPE]), Categorical Exemption (CE), Negative Declaration (ND), Mitigated Negative Declaration (MND), Sustainable Communities Environmental Assessment (SCEA), Sustainable Communities Environmental Impact Report (SCEIR), or Environmental Impact Report (EIR).

The purpose of this form is to assist Planning staff in determining the appropriate environmental clearance for a project. Unless otherwise specified on the pages that follow, provide all applicable information in narrative form or in a separate attachment to the Environmental Assessment Form (EAF). Any missing, incomplete, or inconsistent information will cause delays in the processing of your application.

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

### A. PROJECT DESCRIPTION

Describe the entire project scope and any related entitlement requests. Attach a separate sheet if necessary. The description must include and/or describe:

- · All phases and plans for future expansion
- Total square footage for:
  - · Existing Development
  - Proposed Demolition
  - Proposed Construction
  - Summary of gross and net new square footage
- All uses, building heights (stories/feet), land use and zoning, floor area ratio (FAR), density, trees
  or protected tree removals, excavation/grading activities, construction staging areas, haul routes,
  street vacations or off-site improvements, sustainability features, hours of operation, etc.

Consider using tables to compare square footages or other aspects of the project.

#### **Project Description:**

The Applicant seeks to reutilize an existing 23,891 SF tenant space w/in "Building A" (Anchor) for a new grocery market with sales of beer and wine for off-site consumption, perform exterior facade/site improvements, demolish existing  $\pm 1,064$  SF portion of "Building A" (Anchor), maintain the existing  $\pm 3,569$  SF "Shops Building" and existing  $\pm 6,322$  SF "Building B", installation of new anchor tenant signs and replacement of existing tenant signs, provide Code required parking within existing surface parking lot.

#### Additional Information Attached

### **B. PROJECT & PROJECT SITE INFORMATION**

#### ZONING/LAND USE

|                                            | Existing                 | Proposed                 |
|--------------------------------------------|--------------------------|--------------------------|
| General Plan Land<br>Use Designation       | General Commercial       | General Commercial       |
| Zoning                                     | C2-1VL-RIO               | C2-1VL-RIO               |
| Use (e.g., apartments, restaurant, retail) | commercial retail center | commercial retail center |

# PROJECT SITE

|                | Square Feet        | Acres |
|----------------|--------------------|-------|
| Gross Lot Area | 113,610 (per ALTA) | 2.60  |
| Net Lot Area   | 113,610 (per ALTA) | 2.60  |

## SLOPE<sup>2</sup>

| Identify how much | ch of the pro        | perty is:                   |              |  |
|-------------------|----------------------|-----------------------------|--------------|--|
| < 10% slope:      | 100                  | 10-15% slope:               | > 15% slope: |  |
| If slopes over 10 | 0% exist, a <b>1</b> | opographic Map is required. |              |  |

### **PROJECT SIZE**

| What is the total square footage of the existing development? | 38,765 SF |
|---------------------------------------------------------------|-----------|
| Square footage to be demolished:                              | 1,064 SF  |
| Square footage to be built:                                   | 0         |
| Net new square footage:                                       | N/A       |
| Total gross square footage:                                   | 37,319 SF |

# **PROPOSED USES**

| Residential square footage:             | N/A       |
|-----------------------------------------|-----------|
| Commercial square footage:              | 37,319 SF |
| Industrial square footage:              | N/A       |
| Other square footage, and indicate use: | N/A       |

# **DWELLING UNITS**

| Number of residential units and type: | N/A |
|---------------------------------------|-----|
| Number of hotel guestrooms:           | N/A |
| Net new units or hotel guestrooms:    | N/A |

Defined in LAMC Section 12.03 as "An inclined ground surface the inclination of which is expressed as a ratio of horizontal distance to vertical distance (e.g., 2:1 or 1:1) or as a percentage (e.g., 50% or 100%)."

| BUILDING HEIGHT                               |                        |       |                                  |              |      |
|-----------------------------------------------|------------------------|-------|----------------------------------|--------------|------|
| Total number of stories a                     | t or above ground:     | 1     |                                  |              |      |
| Maximum height: 30 fee                        | et                     |       |                                  |              |      |
| LOT COVERAGE                                  |                        |       |                                  |              |      |
| Indicate the percent of th                    | e total lot area that  | is p  | roposed for:                     |              |      |
| Building footprint:                           | 34                     | %     | Permeable hardscape:             | 19           | %    |
| Paving/hardscape:                             | 36                     | %     | Landscaping:                     | 11           | %    |
| EXISTING AND PRO                              | POSED DEVEL            | OP.   | MENT                             |              |      |
| Does the project only in interior space?      | volve a remodel o      | r cha | ange of use of an existing       | ☐ YES        | ⊠ NO |
| If YES, indicate the total                    | size of the interior s | spac  | ce:                              |              |      |
| Does the property contain                     | n any vacant struct    | ures  | 5?                               |              | □ NO |
| If YES, describe and stat                     | e how long it has b    | een   | vacant:                          |              |      |
| Building A is currently va operation in 2019. | cant, previously oc    | cupi  | ied by LA Fitness. The previous  | tenant cease | d    |
| Does the project propose                      | the removal or de      | moli  | tion of any structures?          | ⊠ YES        | □ NO |
| If YES, provide the numb                      | er, type, age, and t   | otal  | square footage of structures to  | be removed:  |      |
| Demolition of an approxi                      | mately 1,064 SF po     | rtio  | n of Building A, mechanical elec | trical room. |      |
|                                               |                        |       |                                  |              |      |
| Does the project propose                      | to remove any res      | ider  | ntial dwellings?                 | ☐ YES        | ⊠ NO |
| If YES, indicate the numb                     | er of units:           |       |                                  |              |      |
| Does the project include                      | a pool and/or hot tu   | ıb?   |                                  | ☐ YES        | ⊠ NO |
| If YES provide the total r                    | number of gallons of   | of we | ater:                            |              |      |

#### SENSITIVE USES

Is the project site located within 500 feet of any of the following sensitive uses: residences (single-family, apartments, or condominiums), transient lodgings, and/or retirement homes, long-term health care facilities, rehabilitation centers, and convalescent centers; hospitals; schools and childcare centers; parks and playgrounds; churches; auditoriums, concert halls, amphitheaters, and/or recording studios?

If YES, describe use and proximity:

Single Family residences approximately 250 feet and Multi-Family Apartments approximately 270 feet to the north across the LA River; and Single Family Residences approximately 250 south across Ventura Boulevard.

#### HOURS OF OPERATION

The hours of operation of the proposed project:

| Sunday    | Monday    | Tuesday   | Wednesday | Thursday  | Friday    | Saturday  |
|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 am - 10 |
| pm        |

### SPECIAL EVENTS

Will there be special events not normally associated with day-to-day operations (e.g., fundraisers, parties, parent-teacher nights, athletic events, graduations)?

☐ YES ⋈ NO

If YES, describe the number of events, type, duration, and frequency proposed:

| TREES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                     |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------|-----------|
| Are there any protected and/or non-<br>or within the adjacent public right-of-<br>of the project?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -way, that may be                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | ⊠ YES               | □ NO      |
| Existing number of trees onsite:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                              | TDD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ×.                              |                     |           |
| Existing number of protected tree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s/shrubs onsite:                                                                             | IRD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | )                               |                     |           |
| Existing number of street trees ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                              | TOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                     |           |
| If a protected tree or shrub (as defonsite, or any trees will be remove to the Tree Report Template ( <u>CP-4067</u> ) is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ed, replaced, relo                                                                           | cated, or impacted, a <b>Tr</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ree Report                      | <b>t</b> is require | ed. Refer |
| Tree Report Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ⊠ YES                           | $\square$ NO        | □ N/A     |
| Tree Disclosure Statement Attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ed                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ YES                           | $\square$ NO        | ⊠ N/A     |
| GRADING Specify the total amount of soil be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eing moved:                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                     |           |
| Grading for Cut:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                            | cubic yards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                     |           |
| Grading for Fill:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                                                                                            | cubic yards                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                     |           |
| Total Grading:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                                                            | cubic yards ( <u>inc</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | luding BH(                      | O-exempt            | grading)  |
| Overexcavation/Recompaction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                     |           |
| If subject to the Baseline Hillside of following exemptions, where appliance Remedial Grading as defined in (Must be recommended in Geometrian Grading as defined in Geometrian Grading Indiana Grading Ind | icable: in LAMC Section otechnical Report I/A cubic yards) oundation system ath the main bui | n 12.03: N/A  In the stand approved by the subject yards  Ins.: N/A cubic cubic standard cubic s | cubic ya<br>LADBS Gi<br>c yards | ards                | vision)   |

<sup>&</sup>lt;sup>3</sup> For a list of protected trees and shrubs, refer to the Tree Disclosure Statement (<u>CP-4067</u>).

<sup>&</sup>lt;sup>4</sup> Impacted means that grading or construction activity will be conducted within five feet of, or underneath, the tree's canopy.

| HAUL ROUTE⁵                                                                                                                                                                                                                                                                                                                                         |                    |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------|
| Indicate the amount of soil to be exported and/or imported:  □ 1,000 cubic                                                                                                                                                                                                                                                                          |                    |           |
| Provide the following details only if the project is exporting/importing soil amount of or greater:                                                                                                                                                                                                                                                 | f <u>1,000 cub</u> | oic yards |
| Soil Export Amount: N/A cubic yards (including a 25% swell factor)                                                                                                                                                                                                                                                                                  | )                  |           |
| Location of Disposal Site: N/A                                                                                                                                                                                                                                                                                                                      |                    |           |
| Soil Import Amount: N/A cubic yards                                                                                                                                                                                                                                                                                                                 |                    |           |
| Location of Borrow Site: N/A                                                                                                                                                                                                                                                                                                                        |                    |           |
| RETAINING WALLS                                                                                                                                                                                                                                                                                                                                     |                    |           |
| Does the project include retaining walls?                                                                                                                                                                                                                                                                                                           | ☐ YES              | ⊠ NO      |
| If YES, describe:                                                                                                                                                                                                                                                                                                                                   |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
|                                                                                                                                                                                                                                                                                                                                                     |                    |           |
| C. ENVIRONMENTAL CHECKLIST                                                                                                                                                                                                                                                                                                                          |                    |           |
| Technical Studies shall be submitted at the time of case filing, with the exception of Impact Reports, for which technical studies may be submitted at a later date.                                                                                                                                                                                | f Environm         | ental     |
| AIR QUALITY                                                                                                                                                                                                                                                                                                                                         |                    |           |
| Does the proposed project include:                                                                                                                                                                                                                                                                                                                  |                    |           |
| 80 or more residential units?                                                                                                                                                                                                                                                                                                                       | ☐ YES              | ⊠ NO      |
| 75,000 sq. ft. or more of non-residential use?                                                                                                                                                                                                                                                                                                      | ☐ YES              | ⊠ NO      |
| 20,000 or more cubic yards of soil export?                                                                                                                                                                                                                                                                                                          | ☐ YES              | ⊠ NO      |
| If ANY of the three boxes are marked as YES, provide an Air Quality Study.                                                                                                                                                                                                                                                                          |                    |           |
| <sup>5</sup> Haul Route approval will be required if the project is located within a BOE Special Grading Area and is exporcubic yards or greater. If the project includes a subdivision map, the Deputy Advisory Agency has the author Route; otherwise, a separate public hearing and approval will be required by the Board of Building and Safet | ity to act on the  | e Haul    |

| BIOLOGICAL RESOURCES                                                                                                                                                                                                                                                 |             |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| Does the project propose any grading, new construction, or expansion of any building footprint?                                                                                                                                                                      | ⊠ YES       | □ NO      |
| If NO, provide an <b>Owner's Declaration of Biological Resources</b> ( <u>CP-3612</u> ). If YES, continue below.                                                                                                                                                     |             |           |
| Will the project remove any vegetation?                                                                                                                                                                                                                              | ⊠ YES       | □ №       |
| Will the project remove any protected trees or shrubs?                                                                                                                                                                                                               | ☐ YES       | ⊠ NO      |
| Would the project alter or encroach upon any water resources?                                                                                                                                                                                                        | ☐ YES       | ⊠ NO      |
| If <u>all three</u> boxes are marked as NO, provide an <b>Owner's Declaration of Biolo</b> (CP-3612).                                                                                                                                                                | gical Reso  | ources    |
| If <u>any of the three boxes</u> are marked as YES and the project is within a hillside zone, provide a <b>Biologist's Statement of Biological Resources</b> ( <u>CP-3613</u> ).                                                                                     | area and/o  | r coastai |
| If the project is not within a hillside area and/or coastal zone, provide an <b>Owner Biological Resources</b> (CP-3612).                                                                                                                                            | r's Declara | ition of  |
| HISTORICAL RESOURCES                                                                                                                                                                                                                                                 |             |           |
| Identification of Historical Resources Listed or Eligible for Listing                                                                                                                                                                                                |             |           |
| Are there any resources on or adjacent to the project site that are listed or eligible for listing under federal, state, or local landmark or historic district programs? Properties may include buildings, structures, sites, objects, and components of districts. | ☐ YES       | ⊠ NO      |
| If YES, indicate which of the following apply, and skip to "3.c. Analysis of Project                                                                                                                                                                                 | Impacts".   |           |
| National Register of Historic Places:                                                                                                                                                                                                                                |             |           |
| California Register of Historical Resources:                                                                                                                                                                                                                         |             |           |
| ☐ City of Los Angeles Historic-Cultural Monument (HCM):                                                                                                                                                                                                              |             | 8         |
| ☐ Located within a City of Los Angeles Historic Preservation Overlay Zone (HPOZ                                                                                                                                                                                      | <u>z</u> ): |           |
|                                                                                                                                                                                                                                                                      |             |           |
| Evaluation of Potential Historical Resources                                                                                                                                                                                                                         |             |           |
| Are there any properties on or adjacent to the project site that have been previously identified in a historic resources survey?                                                                                                                                     | ☐ YES       | ⊠ NO      |
| If YES, indicate which of the following apply and identify the name and/or address or property and the geographic plan area in which the property is located:                                                                                                        |             |           |
|                                                                                                                                                                                                                                                                      |             |           |

| Are there any properties on or adjacent to the project site that have been identified in a federal, State or local register?                                                                                                                                                                                                                     | ☐ YES       | ⊠ NO                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------|
| If YES, indicate which:                                                                                                                                                                                                                                                                                                                          |             |                                   |
| ☐ Identified in SurveyLA:                                                                                                                                                                                                                                                                                                                        |             |                                   |
| ☐ Identified in CRA/LA Survey:                                                                                                                                                                                                                                                                                                                   | £:          |                                   |
| □ Identified in Specific Plan:                                                                                                                                                                                                                                                                                                                   |             |                                   |
| ☐ Identified in Other Geographic Overlay(s):                                                                                                                                                                                                                                                                                                     |             |                                   |
| Does the Project Site contain any buildings over 45 years old that are not visible from the public right-of-way?                                                                                                                                                                                                                                 | ☐ YES       | ⊠ NO                              |
| If YES to any of the above, provide a <b>Historical Resource Assessment Report</b> .                                                                                                                                                                                                                                                             |             |                                   |
| Analysis of Project Impacts                                                                                                                                                                                                                                                                                                                      |             |                                   |
| If there are any properties listed or evaluated eligible for listing in <i>Historical Reso Report</i> on or adjacent to the project site, provide the applicable document below:                                                                                                                                                                 | urce Asse   | ssment                            |
| ☐ Historical Resource Technical Report (HRTR) is required for projects involving construction, rehabilitation, relocation, or alteration of an identified historical resoluted be prepared in support of an EIR, SCEA, MND/ND, SCPE, and/or Class                                                                                                | source. An  | AND THE STANDARD CO. THE STANDARD |
| Secretary of the Interior's Standards Compliance Memorandum is required for projects involving the rehabilitation, relocation, or alteration of an identified historical resource seeking a Class 31 CE.                                                                                                                                         |             |                                   |
| HAZARDS AND HAZARDOUS MATERIALS                                                                                                                                                                                                                                                                                                                  |             |                                   |
| Is the project site listed in any of the databases that compose the Cortese List of has substances, maintained by the California Environmental Protection Agency (CalEPA resources can be located online at the following address: <a href="https://calepa.ca.gov/SiteCheck all that apply.">https://calepa.ca.gov/SiteCheck all that apply.</a> | )? These da | atabase                           |
| ☐ Department of Toxic Substances Control (DTSC): EnviroStor database                                                                                                                                                                                                                                                                             |             |                                   |
| ☐ State Water Board: GeoTracker database of leaking underground storage t                                                                                                                                                                                                                                                                        | ank sites   |                                   |
| <ul> <li>State Water Board: List of solid waste disposal sites with waste constituents<br/>waste levels</li> </ul>                                                                                                                                                                                                                               | s above ha  | zardous                           |
| ☐ State Water Board: List of active Cease and Desist Orders and Cleanup and A                                                                                                                                                                                                                                                                    | batement O  | rders                             |
| ☐ DTSC: List of hazardous waste facilities subject to corrective action                                                                                                                                                                                                                                                                          |             |                                   |
| None of the Above                                                                                                                                                                                                                                                                                                                                |             |                                   |
| If the project site is listed in ANY of the above databases, the project is ineligible for <b>Environmental Site Assessment (ESA)</b> is required, and the project may incur of                                                                                                                                                                  |             |                                   |

requirements.

| Notwithstanding the checklist above, 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, provide a Phase I Environmental Site Assessment (ESA).                                                                                                                                                                                                                                                                                                                                                                                               |                |      |
| TRANSPORTATION                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |      |
| Is the project required, or voluntarily proposing, to make modifications to the public right-of-way (i.e., dedications and/or improvements, reconfigurations of the curb line)?                                                                                                                                                                                                                                                                              | □ YES          | ⊠ NO |
| If YES, provide a <b>Transportation Assessment Form</b> (CP-2151.1). Review by the Department of Transportation (LADOT) will be required to determine if the project conflicts with any plans, programs, ordinances, or policies. A <b>Transportation Engineering Design Review</b> by LADOT will also be required.                                                                                                                                          |                |      |
| Is the project proposing new driveways, or introducing new vehicle access to the property from the public right-of-way?                                                                                                                                                                                                                                                                                                                                      | ☐ YES          | ⊠ NO |
| If YES, provide a <b>Transportation Engineering Design Review</b> by LADOT.                                                                                                                                                                                                                                                                                                                                                                                  |                |      |
| A development project must also be screened to determine if a <b>Transportation Assessment</b> review by LADOT is required to analyze a potential increase in Vehicle Miles Traveled (VMT). Use LADOT's VMT Calculator tool, as described in Section 2.2.2 of the Transportation Assessment Guidelines, available at this web address: https://ladot.lacity.org/sites/default/files/documents/2020-transportation assessment-guidelines_final_2020.07.27.pdf |                |      |
| What is the project's estimated net $oximes$ increase or $oximes$ decrease in daily vehicle Per attached Technical Memorandum                                                                                                                                                                                                                                                                                                                                | trips?         |      |
| What is the project's estimated net ⊠ increase or □ decrease in daily VMT? _ Per attached Technical Memorandum                                                                                                                                                                                                                                                                                                                                               |                |      |
| If the estimated net increase in daily vehicle trips exceeds 250, or if there is ANY increase in VMT, provide an LADOT <b>Transportation Assessment</b> is required.                                                                                                                                                                                                                                                                                         | ∕ estimated ne | et   |

| MISCELLANEOUS                                                                                                                                                                                                                                                                                                        |                 |          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|--|
| Does the property contain any easements, rights-of-ways, Covenant & Agreements, parking agreements, or other contracts which restrict full use of the property?                                                                                                                                                      | ☐ YES           | ⊠ NO     |  |
| If YES, describe:                                                                                                                                                                                                                                                                                                    |                 |          |  |
|                                                                                                                                                                                                                                                                                                                      |                 |          |  |
| Will the project require certification, authorization, clearance or issuance of a permit by any federal, State, county, or environmental control agency, such as the Coastal Commission, California Department of Fish and Wildlife, State Water Resources Board, South Coast Air Quality Management District, etc.? | □ YES           | ⊠ NO     |  |
| If YES, specify:                                                                                                                                                                                                                                                                                                     |                 | (9)      |  |
|                                                                                                                                                                                                                                                                                                                      |                 |          |  |
| REQUESTED ENVIRONMENTAL CLEARANCE                                                                                                                                                                                                                                                                                    |                 |          |  |
| CATEGORICAL EXEMPTION (CE)                                                                                                                                                                                                                                                                                           |                 |          |  |
| Check all that apply below:                                                                                                                                                                                                                                                                                          |                 |          |  |
| Check this box if you are requesting a CE and:                                                                                                                                                                                                                                                                       |                 |          |  |
| You do not meet any of the exceptions listed in Section 15300.2 of the State CEQA Guideline                                                                                                                                                                                                                          |                 |          |  |
|                                                                                                                                                                                                                                                                                                                      |                 |          |  |
| Identify the Class of the CE which you are requesting: Class 1 Existing Fa                                                                                                                                                                                                                                           | cilities        |          |  |
| ☐ Check this box if you are requesting a Class 31 CE and:                                                                                                                                                                                                                                                            |                 |          |  |
| <ul> <li>A Secretary of the Interior's Standards Compliance Memorandum is attached</li> </ul>                                                                                                                                                                                                                        | ∍d.             |          |  |
| ☐ Check this box if you are requesting a Class 32 CE and:                                                                                                                                                                                                                                                            |                 |          |  |
| • The Special Requirements for the Class 32 CE (CP-7828) have been review                                                                                                                                                                                                                                            | wed;            |          |  |
| <ul> <li>Written justifications identified in the Special Requirements (<u>CP-7828</u>) and a documents and/or technical studies to support your position that the propos for the Class 32 CE and does not fall under any of the Exceptions pursuant 15300.2 have been included; and</li> </ul>                      | ed project is   | eligible |  |
| · This project would not result in any significant traffic, noise, air quality, or wa                                                                                                                                                                                                                                | ater quality in | npacts.  |  |

| STATUTORY EXEMPTION                                                                                                    |              |              |  |
|------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--|
| ☐ Check this box if you are requesting a Statutory Exemption.                                                          |              |              |  |
| Identify the Code and Section under which a Statutory Exemption is being re                                            | quested:     |              |  |
|                                                                                                                        |              |              |  |
| NEGATIVE DECLARATION (ND) OR MITIGATED NEGATIVE DECI                                                                   | ARATION      | (MND)        |  |
| ☐ Check this box if you are requesting an ND or MND.                                                                   |              |              |  |
| Is a consultant-prepared Initial Study attached?                                                                       | ☐ YES        | $\square$ NO |  |
| ENVIRONMENTAL IMPACT REPORT (EIR)                                                                                      |              |              |  |
| Check this box if you are requesting an EIR. Note that a consultation wi<br>Projects Unit is required prior to filing. | th the Major |              |  |
| A consultation has been completed.                                                                                     | ☐ YES        | □ NO         |  |
| Date consultation completed:                                                                                           |              |              |  |

# SENATE BILL (SB) 375 CEQA STREAMLINING REQUEST

SB 375 introduced a series of streamlined CEQA environmental clearances for qualifying Transit Priority Projects (TPPs) pursuant to Public Resources Code (PRC) 21155, intended to encourage higher density infill development located near transit. The SB 375 clearances include Sustainable Communities Project Exemptions (SCPEs), Sustainable Communities Environmental Assessments (SCEAs), and Sustainable Communities Environmental Impact Reports (SCEIRs). Projects are eligible to seek one of these clearances if they meet the statutory requirements for TPPs **and** the qualifying requirements for the applicable environmental clearance.

| Check this box if you are requesting a SB 375 environmental clearance, and indicate below which type you are requesting (choose only one):                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| □ SCPE. The Project is required to meet all criteria listed for a Transit Priority Project pursuant to PRC Section 21155 and for a SCPE pursuant to PRC Section 21155.1.                      |
| □ SCEA. The Project is required to meet all criteria listed for a Transit Priority Project pursuant to PRC Section 21155 and for a SCEA pursuant to PRC Section 21155.2(a) and 21155.2(b).    |
| □ SCEIR. The Project is required to meet all criteria listed for a Transit Priority Project pursuant to PRC Section 21155 and for a SCEIR pursuant to PRC Sections 21155.2(a) and 21155.2(c). |

Written justifications and any supporting documents and/or technical studies are required to support the position that the proposed Project is eligible for one of these three SB 375 CEQA streamlining clearances.

Note that requesting a SCPE, SCEA, or SCEIR, or other environmental clearance does not guarantee that the request will be accepted. The City may require additional studies and information, if necessary. The City reserves all rights to determine the appropriate CEQA clearance, including using multiple clearances and requiring an EIR if necessary.

| PROPERTY OWNER                                      |                   |                      |           |
|-----------------------------------------------------|-------------------|----------------------|-----------|
| Name: Jim Dillavou                                  |                   |                      |           |
| Company: PCG Studio Village, LLC                    |                   |                      |           |
| Address: 133 Penn Street                            |                   | Unit/Space Number:   |           |
| City: El Segundo                                    | State: <u>CA</u>  | Zip Code:            | 90245     |
| Telephone: (310) 807-3372                           | E-mail: jdillavou | @paragoncommercial   | group.com |
| APPLICANT (if not Property Owner)                   |                   |                      |           |
| Name:                                               |                   |                      |           |
| Company:                                            |                   |                      |           |
| Address:                                            |                   | Unit/Space Number:   |           |
| City:                                               | State:            | Zip Code:            |           |
| Telephone:                                          | E-mail:           |                      |           |
| APPLICANT'S REPRESENTATIVE  Name: Heather Waldstein |                   |                      |           |
| Company: Rosenheim & Associates                     | s, Inc            |                      |           |
|                                                     |                   | Unit/Space Number: 6 | 30        |
| City: Woodland Hills                                |                   |                      |           |
| Telephone: 818-716-2767                             |                   |                      |           |
| ENVIRONMENTAL CONSULTANT                            |                   |                      |           |
| Name:                                               |                   |                      |           |
| Company:                                            |                   |                      |           |
| Address:                                            |                   | Unit/Space Number:   |           |
| City:                                               | State:            | Zip Code:            |           |
| Telephone:                                          | E-mail:           |                      |           |

### APPLICANT/CONSULTANT'S AFFIDAVIT

Affidavit must be signed and notarized by the Property Owner <u>and</u> Consultant (if applicable). Notarized signatures shall also be required each time a revised EAF is submitted.

| Signature      | Signature         |  |
|----------------|-------------------|--|
| (Print Name)   | (Print Name)      |  |
| Jim Dillavou   | Heather Waldstein |  |
| L              | Ĭ.                |  |
| PROPERTY OWNER | CONSULTANT/AGENT  |  |

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 ACKNOWLEDGMENT

CIVIL CODE 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.

| or validity of that document.                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| State of California                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| On February 28th 2023 before me, Ambur Hobbs Bossemah, Notary Reblix (Insert Name of Notary Public and Title)                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| On February 28th 2023 before me, Amber Hobbs Bossman, Watry Reblix                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| ∫ (Insert Name of Notary Public and Title)                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| personally appeared, 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 ne/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.  AMBER HOBBS POSSEMATO Notary Public - California Los Angeles County Commission # 2327721 My Comm. Expires May 8, 2024                                                                                                                                                                                                                                                              |  |  |  |  |

# APPLICANT/CONSULTANT'S AFFIDAVIT

Affidavit must be signed and notarized by the Property Owner and Consultant (if applicable). Notarized signatures shall also be required each time a revised EAF is submitted.

| Signature      | Signature         |  |
|----------------|-------------------|--|
| (Print Name)   | (Print Name)      |  |
| Jim Dillavou   | Heather Waldstein |  |
|                | •                 |  |
| PROPERTY OWNER | CONSULTANT/AGENT  |  |

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 ACKNOWLEDGMENT of Description by CIVIL CODE 1189                                                                                                                                                                     | 9 |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|
| 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. |   |  |  |  |
| Florida                                                                                                                                                                                                                                     |   |  |  |  |
| State of California Contable Vivernia Devaluation                                                                                                                                                                                           |   |  |  |  |
| County of                                                                                                                                                                                                                                   | , |  |  |  |
| on 3-1-23 before me, JOANN Marx - NOTAN                                                                                                                                                                                                     |   |  |  |  |
| personally appeared Woldstein, Heather 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.                                                                                                                                                 |   |  |  |  |
| ally ation with the intention of segmenting a larger Project in violation of CEQA. I understand that                                                                                                                                        |   |  |  |  |
| I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.                                                                                                              | g |  |  |  |
| WITNESS my hand and official seal.  JO ANN MARX MY COMMISSION # HH 335041                                                                                                                                                                   |   |  |  |  |
| EXPIRES: December 17, 2026                                                                                                                                                                                                                  |   |  |  |  |
| Signature                                                                                                                                                                                                                                   |   |  |  |  |
|                                                                                                                                                                                                                                             |   |  |  |  |