



ARO FEASIBILITY STUDY REQUEST FORM

Requested by : Fax: 213 - 482 6874 Phone: 213 - 482 6864 In person at Case Mgmt. (Rev 10/20/05)

Project address:		Date:
Project name:		Applicant:
Phone:	Fax:	Email:

Project description:

What issues you have encountered: *(To endure the best possible service, please provide a detailed list of questions or assistance you require, attach additional sheets if necessary)*

Planning issues to discuss: _____

Fire Life Safety issues to discuss: _____

To whom you have spoken about the project: *(check applicable items)*

Bldg & Safety Zoning counter Planning counter Mayors Office
 Housing Dept Other _____

How did you find out about the services at Case Management Unit:

Referred by Bldg & Safety Zoning counter Referred by Planning counter
 Referred by _____

For proposed conversion to joint live/work, project information:

No. of units for joint live/work units or Condos:		Exiting use:	Date Built:
Floor area:	Building Height:	No. of story:	No. of basem't level:
Parking spaces provided - Standard:		Compact:	Disabled Parking:

For existing retail to remain, project information:

Floor area:	Building Height:	No. of story:	No. of basem't level:
Parking spaces provided - Standard:		Compact:	Disabled Parking:

Please bring the items below to the meeting:

- one set of plans (including site plan and floor plans)
- number of existing parking spaces available on site (standard; compact and disabled)
- copies of all building permits and Certificates of Occupancy for existing building(s) on site (obtain @ LADBS Records section)
- copies of current & prior City Planning cases on site (available at Planning Dept Record, rm 575, City Hall).
- a copy of any T, Q or D conditions
- others: _____

 Meeting Location: 221 N. Figueroa St. Suite 180, Los Angeles, Ca 90012