



SEISMIC RETROFIT TENANT IMPACT MITIGATION PLAN

Pursuant to §15.02.530 of the Culver City Municipal Code, prior to starting any required Seismic Retrofitting work, property owners must submit for review and approval by the Housing Division, a summary of any impact (Tenant Impact Mitigation Plan) the work will have on any tenant occupied units and steps that will be taken to mitigate those impacts, including possible temporary relocation. *Please note that the work cannot begin without approval from the Housing Division.*

To complete this form:

Fill in Applicant information, Property Information, Work to be Performed, Impact of Work, Mitigation of Impact, Relocation Plan, and Certifications, Sign and Date.

Applicant Information

Name:		Daytime Phone #:
Mailing Address:		
City	State	Zip
Email:	Who is Completing this Application? <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Contractor <input type="checkbox"/> Other (explain):	

Property Information

Assessor's Parcel Number (APN):		
Subject Property Address:		
City/State/Zip Code:		
Is the property registered with Culver City? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration #:	Total number of units on the property:
Do all units share the same address as above? If not, please identify other addresses on the property. <input type="checkbox"/> Yes <input type="checkbox"/> No	List affected unit(s). Attach additional pages, if needed.	



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General Contractor Information and Work to be Performed

Contractor's License # and Expiration Date:		
Name/Company Name:		Phone #:
Mailing Address:	City/State/Zip:	
Email:		
Describe the work that will be performed:		
Estimated Duration of work:	Projected Start Date:	Projected End Date:
Estimated cost of work:	Will the work affect any occupied unit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the work will affect any occupied units, list the unit numbers: Attach additional pages, if needed.		

Impact of work (describe the impact of the work to be completed):

Type of Impact	Anticipated Impact?	Mitigation of Impact (Attach additional pages, if needed.)
Noise	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exposure to Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Safety Interruption	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Inaccessibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Partial Inaccessibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Dust	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (explain):		

Tenant Housing Service(s) Disruption:	Anticipated Impact?	Mitigation of Impact (Attach additional pages, if needed.)
Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities (water, gas, electricity, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elevator Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Laundry Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recreational Areas and/or Pools	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuse Removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (explain):		



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Temporary Relocation Plan

If the work described in this Tenant Impact Mitigation Plan demonstrates or requires that tenants be temporarily relocated, the applicant shall also prepare the **temporary relocation plan** for Housing Division approval prior to issuance of a permit. The temporary relocation plan must identify which relocation benefits will be provided to all displaced tenants. Notice of the relocation assistance and timing of the displacement will need to be provided to all tenants who will be displaced. Tenant notification must include a statement that the work being performed may require temporary displacement, but that to the greatest extent practicable, no tenant lawfully occupying the property will be required to move without at least thirty (30) days' written notice from the owner.

I. No Relocation or Reasonable Compensation Required (check one if applicable):

- Work will not create untenable conditions and tenant will remain in place.
- Unit will be returned to a habitable condition outside of the City's allowable hours of construction (per CCMC § 9.07.035) and tenants will not be exposed to hazardous material at any time.

II. Identification of Relocation and/or Reasonable Compensation Assistance (for additional units, use a separate sheet)

Unit Number	Anticipated Relocation Start and End Date	Temporary Relocation Required	If yes, type of Temporary Relocation Provided	Reasonable Compensation Requested by Tenant?	If yes, type of Reasonable Compensation requested:	Request Granted? (Explain your selection)
	Start Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Comparable Unit <input type="checkbox"/> Daily Per Diem: \$ _____ <input type="checkbox"/> Voluntary Tenant Buyout Agreement <input type="checkbox"/> Quiet Office Space <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Storage <input type="checkbox"/> Cooking Facilities <input type="checkbox"/> Pet Accommodation <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
	End Date:					



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	Start Date: _____ End Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Comparable Unit <input type="checkbox"/> Daily Per Diem: \$ _____ <input type="checkbox"/> Voluntary Tenant Buyout Agreement <input type="checkbox"/> Quiet Office Space <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Storage <input type="checkbox"/> Cooking Facilities <input type="checkbox"/> Pet Accommodation <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
	Start Date: _____ End Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Comparable Unit <input type="checkbox"/> Daily Per Diem: \$ _____ <input type="checkbox"/> Voluntary Tenant Buyout Agreement <input type="checkbox"/> Quiet Office Space <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Storage <input type="checkbox"/> Cooking Facilities <input type="checkbox"/> Pet Accommodation <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
	Start Date: _____ End Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Comparable Unit <input type="checkbox"/> Daily Per Diem: \$ _____ <input type="checkbox"/> Voluntary Tenant Buyout Agreement <input type="checkbox"/> Quiet Office Space <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Storage <input type="checkbox"/> Cooking Facilities <input type="checkbox"/> Pet Accommodation <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____
	Start Date: _____ End Date: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Comparable Unit <input type="checkbox"/> Daily Per Diem: \$ _____ <input type="checkbox"/> Voluntary Tenant Buyout Agreement <input type="checkbox"/> Quiet Office Space <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parking <input type="checkbox"/> Laundry <input type="checkbox"/> Storage <input type="checkbox"/> Cooking Facilities <input type="checkbox"/> Pet Accommodation <input type="checkbox"/> Other (explain): _____	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No: _____



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Certification (check all even if tenant remains in place):

- I certify storage facilities required to temporarily store tenant's personal belongings during the period of construction will be provided by the property owner. For the security of personal belongings, storage shall be independent from other relocated tenant's property.
- In the event a tenant is relocated, I certify the any relocation facilities provide accommodations equal to the tenant's regular housing. This includes but is not limited to, laundry facilities, cooking facilities, pet housing/care, and parking.
- I certify the construction being undertaken at the property will not terminate the tenant's tenancy, unless the work is projected to or exceeds 30 days and the tenant requests a voluntary Tenant Buyout Agreement.
- I certify that notice of relocation assistance and the timing of the displacement will be provided to all tenants who will be displaced.
- I declare under penalty of perjury under the laws of State of California that the foregoing is true and correct.
- I certify that I have provided written notice to all current and prospective tenants and occupants as required in § 15.02.530.A. of the Culver City Municipal Code on ____/____/____.
- I certify that I have read and understand §15.09.330 of the Culver City Municipal Code.: I understand that if I do not follow through or comply with the Tenant Impact Mitigation Plan, that I may forfeit my right to a Pass Through increase.

Signature (Read the following before signing below):

Read the following before signing below:

I, _____ (name of Applicant), hereby declare that I am the owner/authorized agent for the owner of the above referenced property and certify under penalty of perjury under the laws of the State of California, that the information stated in this declaration is true and complete.

Applicant's Name (Print)

Signature

Date