

REFERRAL FORMS:

TRANSPORTATION STUDY ASSESSMENT

DEPARTMENT OF TRANSPORTATION - REFERRAL FORM

RELATED CODE SECTION: Los Angeles Municipal Code Section 16.05 and various code sections.

PURPOSE: The Department of Transportation (LADOT) Referral Form serves as an initial assessment to determine whether a project requires a Transportation Assessment.

GENERAL INFORMATION

- Administrative: <u>Prior</u> to the submittal of a referral form with LADOT, a Planning case must have been filed with the Department of City Planning.
- All new school projects, including by-right projects, must contact LADOT for an assessment of the school's proposed drop-off/pick-up scheme and to determine if any traffic controls, school warning and speed limit signs, school crosswalk and pavement markings, passenger loading zones and school bus loading zones are needed.
- Unless exempted, projects located within a transportation specific plan area <u>may be required to pay a traffic impact assessment fee</u> regardless of the need to prepare a transportation assessment.
- Pursuant to LAMC Section 19.15, a review fee payable to LADOT may be required to process this form. The applicant should contact the appropriate LADOT Development Services Office to arrange payment.
- LADOT's Transportation Assessment Guidelines, VMT Calculator, and VMT Calculator User Guide can be found at http://ladot.lacity.org.
- A transportation study is not needed for the following project applications:
 - Ministerial / by-right projects
 - Discretionary projects limited to a request for change in hours of operation
 - Tenant improvement within an existing shopping center for change of tenants
 - o Any project only installing a parking lot or parking structure
 - Time extension
 - Single family home (unless part of a subdivision)
- ➤ This Referral Form is not intended to address the project's site access plan, driveway dimensions and location, internal circulation elements, dedication and widening, etc. These items require separate review and approval by LADOT.

SPECIAL REQUIREMENTS When submitting this referral form to LADOT, include the completed documents listed below

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Copy of Department of City Planning Application (CP-7771.1).
Copy of a fully dimensioned site plan showing all existing and proposed structures, parking and loading areas, driveways, as well as on-site and off-site circulation.
If filing for purposes of Site Plan Review, a copy of the Site Plan Review Supplemental Application.

☐ Copy of project-specific VMT Calculator¹ analysis results.

TO BE VERIFIED BY PLANNING STAFF PRIOR TO LADOT REVIEW

LADOT DEVELOPMENT SERVICES DIVISION OFFICES: Please route this form for processing to the appropriate LADOT Office as follows:

 Metro
 West LA
 Valley

 213-972-8482
 213-485-1062
 818-374-4699

 100 S. Main St, 9th Floor
 7166 W. Manchester Blvd
 6262 Van Nuys Blvd, 3rd Floor

 Los Angeles, CA 90012
 Los Angeles, CA 90045
 Van Nuys, CA 91401

 1. PROJECT INFORMATION

1. PROJI	ECT INFORMATION		
Case Numbe	er:		
	ription:		
Seeking Exis	sting Use Credit (will be calculated by LADOT): Yes	s No	Not sure
Applicant Na	me:		
Applicant E-r	mail: Applicant I	Phone:	
Planning Sta	aff Initials: [Date:	
	CT REFERRAL TABLE		
	Land Use (list all)	Size / Unit	Daily Trips ¹

Droposed ¹			
Proposed ¹			
Total trips ¹ :	7		
a. Does the proposed project involve a discretionary action?	Yes □ No □		
b. Would the proposed project generate 250 or more daily vehicle trips ² ?	Yes □ No □		
c. If the project is replacing an existing number of residential units with a smaller number of residential units, is the proposed project located within one-half mile			
If YES to a. and b. or c., or to all of the above, the Project must be referred to LADOT for further			
assessment.			
Verified by: Planning Staff Name: Phone:			
Signature: ————————— Date:			

¹ Qualifying Existing Use to be determined by LADOT staff on following page, per LADOT's Transportation Assessment Guidelines.

²To calculate the project's total daily trips, use the VMT Calculator. Under 'Project Information', enter the project address, land use type, and intensity of all proposed land uses. Select the '+' icon to enter each land use. After you enter the information, copy the 'Daily Vehicle Trips' number into the total trips in this table. Do not consider any existing use information for screening purposes. For additional questions, consult LADOT's VMT Calculator User Guide and the LADOT Transportation Assessment Guidelines (available on the LADOT website).

³ Relevant transit lines include: Metro Red, Purple, Blue, Green, Gold, Expo, Orange, and Silver line stations; and Metrolink stations.

TO BE COMPLETED BY LADOT

3. PROJECT INFORMATION

		Land Use (list all)	Size / Unit	Daily T	rips
Propo	sed				
			Total new trips:		
Exist	ting				
			Total existing trips:		
		Net Increase	/ Decrease (+ or -)		
b. c. d.	 a. Is the project a single retail use that is less than 50,000 square feet? b. Would the project generate a net increase of 250 or more daily vehicle trips? c. Would the project result in a net increase in daily VMT? 			No 🗆 No 🗆 No 🗆	
			Yes □	No □	
			e trips? Yes □ No □		
				No □	
				No □	
VMT Analysis (CEQA Review) If YES to a. and NO to d. a VMT analysis is NOT required. If YES to both b. and c.; or to d. a VMT analysis is required. Access, Safety, and Circulation Assessment (Corrective Conditions) If YES to b., a project access, safety, and circulation evaluation may be required. If YES to e. and either f.i., f.ii., or f.iii., an access assessment may be required. LADOT Comments:					

Please note that this form is not intended to address the project's site access plan, driveway dimensions and location, internal circulation elements, dedication and widening, etc. These items require separate review and approval by LADOT. Qualifying Existing Use to be determined per LADOT's Transportation Assessment Guidelines.

4.	Specific Plan with Trip Fee or TDM Requirements:	Y	∕es □	No □
	Fee Calculation Estimate:			
	VMT Analysis Required (Question b. satisfied):	Υ	′es □	No □
	Access, Safety, and Circulation Evaluation Required (Question b. satisfied):	``	∕es □	No □
	Access Assessment Required (Question b., e., and either f.i., f.ii. or f.iii satisfic	ed): Y	∕es □	No □
	Prepared by DOT Staff Name: Phone:	:		
	Signature: Date:			