

City of West Hollywood | Rent Stabilization Division

## **TENANT HABITABILITY PLAN**

| 1) PROPERTY INFORMATION  |                                |                                       |        |
|--|--------------------------------|---------------------------------------|--------|
|  |                                |                                       |        |
| PROJECT ADDRESS  |                                |                                       |        |
|  |                                |                                       |        |
| PARCEL NUMBER(S)   |                                | BUILDING PERMIT NUMBER                |        |
| 2) <u>LANDLORD INFORMATION</u>                                   |                                |                                       |        |
| ····   |                                |                                       |        |
| NAME   | MAILING ADDRESS                |                                       |        |
| TELEPHONE NUMBER   | EMAIL ADDRESS                  |                                       |        |
| 3) CONTACT PERSON DURING   |                                |                                       |        |
|  |                                |                                       |        |
| NAME   | TITLE                          | COMPANY                               |        |
| - <u></u>  |                                | - <u>-</u>                            |        |
| ADDRESS  |                                |                                       |        |
| TELEBUIONE NUMBER  | ENAMI ADDDECO                  |                                       |        |
| TELEPHONE NUMBER  4) CONTRACTOR INFORMATIO                       | EMAIL ADDRESS                  |                                       |        |
| 4) CONTRACTOR INFORMATIO   | <u>N</u>                       |                                       |        |
| NAME   | TITLE                          | COMPANY                               |        |
|  |                                |                                       |        |
| ADDRESS  |                                |                                       |        |
|  |                                |                                       |        |
| TELEPHONE NUMBER   |                                | ADDRESS                               |        |
| 5) WILL HAZARDOUS MATERIA<br>TIME DURING THE PERMITTI            |                                | OS) BE DISTURBED OR ABATED AT ANY     | ,<br>- |
|  |                                | <u>1</u>                              |        |
| YES  | NO                             |                                       |        |
| IF <u>YES</u> , ANSWER QUESTION 5.                               | 2 IF <u>NO</u> , SKIP TO QUEST | ION 6                                 |        |
|  |                                |                                       |        |
| COMMENTS   |                                |                                       |        |
| A400 00 FI   | (STAFF USE C                   | · · · · · · · · · · · · · · · · · · · |        |
| Filing Fee: \$100.00 Finance C                                   | ode: RETA                      | RECEIVED                              |        |
| The City of West Hollywood cannot                                | _                              |                                       |        |
| information provided on this form vunder the Public Records Act. | vill be exempt                 |                                       |        |



IMPACT AND MITIGATION FORM

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## 5.2) CONTRACTOR FOR ABATEMENT OF HAZARDOUS MATERIAL NAME TITLE COMPANY **ADDRESS TELEPHONE NUMBER EMAIL ADDRESS** 6) PLEASE DESCRIBE THE CONSTRUCTION WORK TO BE PERFORMED AT THE PROPERTY (ATTACH **ADDITIONAL PAGES AS NEEDED)** 7) ESTIMATED START AND COMPLETION DATES OF CONSTRUCTION FROM: TO: Month Day Month Year 8) WILL ANY COMMON AREA(S) BE IMPACTED BY CONSTRUCTION? (SUCH AS INTERRUPTIONS TO PARKING, UTILITIES, LAUNDRY ROOM USE, AND POOL ACCESS, ETC.) YES NO IF YES, ATTACH A COMMON AREA IMPACT AND MITIGATION FORM 9) WILL ANY INDIVIDUAL UNIT(S) BE IMPACTED BY CONSTRUCTION? (SUCH AS INTERRUPTIONS TO UTILITIES, PARKING, BALCONY USE, IN-UNIT CONSTRUCTION, ETC.) YES NO IF YES, ATTACH AN INDIVIDUAL UNIT



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# COMMON AREA IMPACT AND MITIGATION FORM

## CONSTRUCTION WILL BE PERFORMED AT THE PROPERTY IMPACTING THE COMMON AREAS AS FOLLOWS:

[See attached Sample form for further instructions on how to fill out this form]

| MITIGATION MEASURES  (ex. dust barriers, sound mitigation, alternate parking spots, temporary replacement services, etc.)  |  |  |  |
|--|--|--|--|
| <b>DESCRIPTION OF WORK/ IMPACT</b> (ex. noise, utility interruptions, disruption of housing services such as parking/laundry/elevator, disruption/abatement of hazardous materials, interruption of security/fire systems, etc.) |  |  |  |
| ESTIMATED<br>END DATE  |  |  |  |
| ESTIMATED<br>START DATE  |  |  |  |
| COMMON AREA<br>IMPACTED  |  |  |  |

## **NOTICING REQUIREMENTS**

INTERRUPTION OF SERVICES, INCLUDING, BUT NOT LIMITED TO, UTILITIES, LAUNDRY, PARKING OR ELEVATORS DURING THE PERMITTED CONSTRUCTION PERIOD SHALL BE PRECEDED BY WRITTEN NOTICE NO LESS THAN 24 HOURS IN ADVANCE OF INTERRUPTION OF THE SERVICE.



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### TENANT HABITABILITY PLAN

10) WILL THERE BE ANY IMPACT ON A TENANT'S PERSONAL PROPERTY? (SUCH AS EXPOSURE TO THE ELEMENTS OR HAZARDS, THEFT OR MOVEMENT) YES NO IF YES, DESCRIBE WHAT MEASURES WILL BE ADOPTED TO PROTECT THE PERSONAL PROPERTY OF TENANTS **DECLARATIONS INITIALS GENERAL:** I HEREBY DECLARE THAT THE INFORMATION PROVIDED IN THIS TENANT HABITABILITY PLAN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT FAILURE TO ADHERE TO AN APPROVED PLAN SUBJECTS THE CONSTRUCTION DESCRIBED HEREIN TO A STOP WORK ORDER. PERMIT SUSPENSION/REVOCATION AND FINES. CONTINUING VIOLATIONS MAY RESULT IN ADDITIONAL CIVIL OR CRIMINAL LIABILITY. I FURTHER ACKNOWLEDGE THAT MODIFICATIONS TO AN APPROVED PLAN MAY BE NECESSARY IN THE EVENT THAT THE SCOPE OF WORK REPORTED HEREIN IS INACCURATE OR CHANGES. IF TEMPORARY RELOCATION OF TENANT(S) IS PERMITTED BY LAW, AND NECESSARY AND PROPER UNDER AN APPROVED PLAN. I ATTEST ADEQUATE RESOURCES EXIST TO PROVIDE ANY REQUIRED RELOCATION BENEFITS AND THAT ADEQUATE PROVISIONS HAVE BEEN MADE FOR ORDERLY. TIMELY AND EFFICIENT RELOCATION OF DISPLACED TENANTS PURSUANT TO THE TERMS OF THE PLAN AND SECTION 17.52.110 OF THE WEST HOLLYWOOD MUNICIPAL CODE (TEMPORARY REPOSSESSION FOR AUTHORIZED CORRECTIONS).

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PRINT NAME

| CONSTRUCTION SITE MANAGEMENT: I HAVE READ AND AGREE TO ABIDE BY THE CONSTRUCTION MANAGEMENT STANDARDS.   | INITIALS |
|--|----------|
| NOTICING REQUIREMENTS I WILL PROPERLY SERVE NOTICE TO ALL AFFECTED TENANTS AS REQUIRED BY SECTION 17.30.040 OF THE WEST HOLLYWOOD MUNICIPAL CODE NO LESS THAN TEN (10) DAYS PRIOR TO THE START OF PERMITTED CONSTRUCTION, UNLESS THE PLAN INCLUDES TENANT RELOCATION, IN WHICH CASE THE PLAN SHALL BE SERVED NO LESS THAN THIRTY (30) DAYS PRIOR TO THE START OF PERMITTED CONSTRUCTION. |          |
| I WILL PROVIDE THE CITY OF WEST HOLLYWOOD RENT STABILIZATION DIVISION WITH PROOF OF SERVICE OF THE APPROVED TENANT HABITABILITY PLAN WITHIN FIVE (5) DAYS OF SERVICE UPON TENANTS.   |          |
| I hereby declare that I am:  the owner  an authorized agent for the owner of the above reference property  | ed       |
| SIGNATURE DATE   | _        |

| (STAFF USE ONLY) |              |              |  |  |
|------------------|--------------|--------------|--|--|
| REVIEWED BY:     |              |              |  |  |
|                  |              | DATE         |  |  |
|                  | THP APPROVED | THP REJECTED |  |  |

TITLE