



BeverlyHills.org

CITY OF BEVERLY HILLS
COMMUNITY DEVELOPMENT DEPARTMENT- PLANNING DIVISION
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Beverly Hills, CA 90210-4817
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**Medical Use Overlay Zone
(Submitted with a Planned Development Application)**

1. PRELIMINARY FILING PROCEDURES

Any owner, purchasers under contract or lessee of property who wishes to pursue a Medical Use Overlay Zone should first become acquainted with the provisions of Title 10, Chapter 3, Article 18.5., "Medical Use Overlay Zone (C-PD-M)" of the Beverly Hills Municipal Code. If the applicant is not the property owner, a letter of authorization from the owner shall accompany this application.

2. FILING AND FEES

A. The applicant files an application with the Department of Community Development in accordance with the instructions on the application form together with the following fees set forth on the current Fee Schedule. Fees shall include:

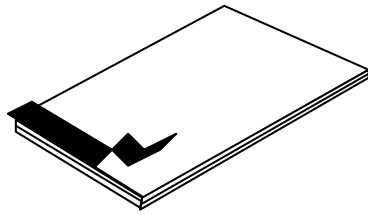
- 1) Application Fee for the Zone Change
- 2) Application Fee for a Planned Development for the project proposed in the Zone. (Note: the reduced multiple application fee applies)
- 3) Environmental Assessment Fee (amount varies depending on the level of environmental review required)
- 4) Newspaper notice, mailing labels, postage and public notice signs (as applicable)
- 5) Project Traffic Report Review Fee (if applicable; this could range from a Transportation Division Concept Review Fee to the higher Traffic/Consulting Services Fee for projects requiring special parking or circulation analysis)
- 6) Fiscal Analysis Deposit (if applicable; this amount can vary depending on the estimate for cost of a fiscal analysis or peer review of a fiscal analysis prepared by the applicant)

B. All Medical Overlay Zone applications shall include:

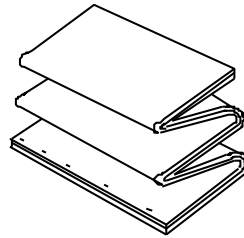
- 1) Application(s) for the project proposed in the zone to include, at a minimum, a Planned Development Application, as well as any other application required pursuant to the Zoning Code. Other applications required depend on the specific project proposed; the applicant should consult with a planner for that information. All applications related to a proposed Medical Use Overlay Zone will be submitted and reviewed concurrently.
- 2) Application fees as listed in paragraph A above.
- 3) Describe the proposed public benefit pursuant to Beverly Hills Municipal Code (BHMC) Section 10-3-1857 F.
- 5) Three sets of self-adhesive gummed labels with names and addresses of all property owners and residential occupants of multi-family residential and commercial zones within a distance of 300 feet of the exterior boundaries of the project, as well as all property owners of single-family residential zones within 500 feet. Do not abbreviate City names. Include applicant or agent address as well. Mailing list labels should be on 8½" X 11" sheets. A written affidavit indicating that the mailing list is complete and up to date is also required (a sample affidavit is attached).
- 6) The postage fee for two mailings of the sets of labels listed above. Postage shall be computed at the rate listed on the current Fee Schedule. (The City will affix the address labels, postage, and return address to the envelopes).
- 7) **12 copies** of a map (minimum size 8½" X 11") indicating each parcel of land within a distance of 300 feet of the exterior boundaries of the project and all land use within a distance of 500 feet.
- 8) **12 sets** of plans (minimum size 8½" X 11") **folded** (see folding instructions below) that include the following:
 - Draw to scale and indicate the scale and north direction arrow.
 - Plot the entire parcel and dimension all pertinent data such as driveways, landscaping, parking and distance to all property lines. Indicate location, size, and species of existing trees and indicate which are to be removed.
 - Plot all existing physical features and proposed structures.
 - Include a legend on the lower right-hand corner of plot plan which includes the owner's or authorized agent's address, and telephone number and project address.

Folding instructions:

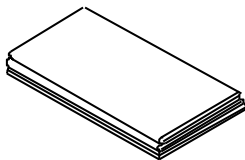
Step 1: Please remove all bindings.



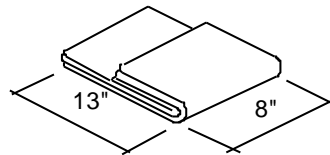
Step 2



Step 3



Step 4: Fold as flatly as possible.
Project Name and Address must show.



9) The applicant is encouraged to provide information showing how the proposed Medical Use Overlay Zone location and the project proposed in that location meet the following objectives of the Medical Use Overlay Zone (BHMC Section 10-3-1857):

A. Medical Uses in the particular location are consistent with the elements of the City's general plan and purpose and intent of this article;

B. The proposed development and medical use:

1. Will not result in detrimental impacts to existing or anticipated residential or commercial development in the vicinity of the project with regard to density, height, scale and massing of the streetscape, garden quality of the City, or any combination thereof; unless the reviewing authority finds the development benefits outweigh the detrimental impacts.

2. Will promote harmonious development in the area; and,

3. Will not adversely interfere with the use and enjoyment of residential properties in the vicinity of the proposed development.

C. The proposed development and Medical Use will not result in detrimental impacts to existing or anticipated residential or commercial development in the vicinity of the project with regard to traffic levels, traffic safety, pedestrian-vehicle conflicts, pedestrian safety hazards, parking demand, parking design, loading or manner of operation, unless the reviewing

authority finds the development benefits outweigh the detrimental impacts. The development shall provide parking that is designed for ease of use and efficiency, with vehicle ingress and egress and patient drop off and pick up locations that would not adversely impact adjacent properties.

- D. The proposed development and Medical Use will contribute to and enhance the character of the neighborhood and location, will contribute positively to the image of the City, shall not undermine efforts to maintain and foster an appropriate mix of uses in the City including a pedestrian-friendly environment in the vicinity of the development.
- E. The proposed development and Medical Use contribute to and enhance the City's economic base and granting the request will leave ample space available for future commercial growth including business headquarters, entertainment businesses, information/technology businesses, retail businesses and other businesses as determined by the City.
- F. A public benefit shall be offered to the City and the public benefit shall, at a minimum, offset any long-term impacts to the City that result from allowing a Medical Use in the City's limited commercial areas.

The above information may be provided in the space at the end of this application or on a separate sheet. All information submitted must be provided on CD-RW compact disk (see Attachment 1).

3. PLANNING COMMISSION HEARING

After the initial environmental assessment process has commenced (initial study), a hearing will be scheduled before the Planning Commission. Notices will be mailed to the owners of the property within a 300-foot radius, and owners of single-family properties within 500 feet from a certified list supplied by applicant. This hearing is conducted before the Planning Commission which typically meets on the second Thursday and fourth Wednesday of each month.

4. CITY COUNCIL HEARING

The Director of Community Development will inform the City Council of the Planning Commission's recommendation to it on the matter. The City Council will then set the matter for a public hearing.



City of Beverly Hills
Application For Medical Use Overlay Zone

For the following questions, please attach additional sheets as necessary.

Site Address(es): _____

Contact Information

Site Owner

Agent

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip: _____

State & Zip: _____

Phone 1: _____

Phone 1: _____

Phone 2: _____

Phone 2: _____

Email: _____

Email: _____

Fax: _____

Fax: _____

*If registrant is NOT the property owner, a letter of authorization from owner is required

Property for which the application is requested (give street address and exact legal description of the property): _____

Identify the specific boundaries of the area for the overlay zone is sought: _____

Medical Overlay Zone Application (continued)

Parking:

Existing Number of Spaces: _____ Standard: _____

Compact: _____ Tandem: _____

I, _____, have read and understand all statements on this Medical Use Overlay Zone Application. I am the property owner or authorized agent of the subject property. I hereby declare (affirm) that the foregoing statements, facts, and attached plans and materials are true and correct.

Signature of () Property Owner or () Authorized Agent

Date

NOTE: If registrant is NOT the property owner, a letter of authorization from owner is required

(for office use only)

Date received by City: _____

City employee who entered information in computer permit system: _____

Registration fee paid: _____

CITY OF BEVERLY HILLS
REQUIREMENTS FOR POSTED NOTICES

In order to provide more direct notice to the public about pending projects, applicants are now being required to post a notice on site.

APPLICABILITY: Posted notices are required for all projects which are subject to Planning Commission review (development plan review permits, conditional use permits, variances, R-1 Permits, Tentative Tract Maps, Zoning amendments, etc.)

PROCEDURE: After submittal of a complete application, applicants will be provided with a sign (30 X 40 inches) and will be responsible for posting it on the project site. More than one sign may be required for unusually large project sites or for sites with more than one street frontage.

The applicant will also be required to provide the City with an affidavit and photo to affirm that the sign has been properly posted.

FEES: See current Community Development Department Fee Schedule. (Note that some sites will require more than one sign and some projects may require more than one posting.)

MAILING LIST AFFIDAVIT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)
CITY OF BEVERLY HILLS) ss

I _____, hereby certify that, to the best of my knowledge and under penalty of perjury, the attached Ownership List correctly shows the names and addresses of all persons to whom all property is assessed, as they appear on the most current Los Angeles County Tax Assessor's roll, within the area described on the attached application and for a distance of _____() feet from the exterior boundaries of the property described on the attached application.

I further certify that, if required pursuant to the attached application, the attached Occupants List reflects all residential addresses within _____() feet from the exterior boundaries of the property described on the attached application that are not owner occupied.

I certify under penalty of perjury that the foregoing is true and correct.

Signed

Date

Attachment 1

All documents submitted in support of the Medical Overlay Zone application including all reports, plans, maps, drawings and photographs accompanying the application must be provided on CD-RW compact disc.

ACCEPTABLE IMAGE FILE FORMATS:

- Graphics Interchange Format (.gif)
- Joint Photographic Experts Group (.jpg)
- Portable Networks Graphics (.png)
- Microsoft Windows Bitmap (.bmp)
- Tagged Image File Format (.tif)

NOTE: All image files must have a minimum file size of 2.3 Megapixels and minimum 10 point font size.

ACCEPTABLE DOCUMENT FILE FORMATS:

- Microsoft Word and supported generic formats (.doc, .txt)
- Microsoft Excel (.xls)
- Microsoft Powerpoint (.ppt)
- Portable Document Format (.pdf)
- Hypertext Transfer Protocol (.htm, .html)

NOTE: CAD or AutoCAD drawings (.dwf, .dxf, and other CAD formats) are not suitable to meet this application's submittal requirements. It is recommended that CAD drawings be converted to PDFs for submittal.