Housing and Human Services Department
9770 Culver Blvd., Culver City, CA 90232
(310)253-5790 rent.control@culvercity.org

TENANT IMPACT MITIGATION PLAN
SEISMIC RETROFIT

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 and Human Services Department, 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 and Human Services Department.*

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:		Email:	
Mailing Address:			
City:	State:	Zip Code:	Phone #:
Who is Completing this Application? ☐ Owner ☐ Contractor ☐ Manager ☐ Other (explain):			

Property Information

Submittal Date:	☐ Initial Plan ☐ Revised Plan	
Assessor's Parcel Number (APN):	Associated Permit #:	
Subject Property Address:		
City/State/Zip Code:		
Is the property registered with Culver City? ☐ Yes ☐ No	Landlord 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. ☐ Yes ☐ No	List affected unit(s). (Attach additional pages, if needed.)	

General Contractor Information and Work to be Performed

Contractor's License # and Expiration Date:	
Name/Company Name:	Phone #:

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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)? ☐ Yes ☐ No
If the work will affect any occupied unit(s), list the unit number(s). (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	☐ Yes ☐ No	
Utility Interruption	☐ Yes ☐ No	
Exposure to Hazardous Materials	☐ Yes ☐ No	
Fire Safety Interruption	☐ Yes ☐ No	
Total Inaccessibility	☐ Yes ☐ No	
Partial Inaccessibility	☐ Yes ☐ No	
Dust	☐ Yes ☐ No	
Painting	☐ Yes ☐ No	
Other (explain):	☐ Yes ☐ No	

Tenant Housing Service(s) Disruption:	Anticipated Impact?	Mitigation of Impact (Attach additional pages, if needed.)
Utilities (gas, electricity, etc.)	☐ Yes ☐ No	
Water	☐ Yes ☐ No	
Elevator Service	☐ Yes ☐ No	
Laundry Facilities	☐ Yes ☐ No	

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Recreational Areas and/or Pools	☐ Yes ☐ No	
Refuse Removal	☐ Yes ☐ No	
Parking	☐ Yes ☐ No	
Storage	☐ Yes ☐ No	
Security Services	☐ Yes ☐ No	
Other (explain):	☐ Yes ☐ No	

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 a **temporary relocation plan** for Housing and Human Services 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 (select one):

☐ Work will not create untenantable 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: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No: _____

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	Start Date: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No:
	Start Date: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No:
	Start Date: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No:
	Start Date: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No:
	Start Date: _____ End Date: _____	☐ Yes ☐ No	☐ Hotel/Motel ☐ Comparable Unit ☐ Daily Per Diem: $_____ ☐ Voluntary Tenant Buyout Agreement ☐ Quiet Office Space ☐ Other (explain):_____	☐ Yes ☐ No	☐ Parking ☐ Laundry ☐ Storage ☐ Cooking Facilities ☐ Pet Accommodation ☐ Other (explain):	☐ Yes: ☐ No:

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

- ☐ I certify that storage facilities to temporarily store tenant's personal belongings during the period of construction will be provided by the property owner, if necessary. For the security of personal belongings, I also certify that each tenant will have a storage unit independent of other relocated tenants' property.
- ☐ I certify that I shall provide reasonable alternative parking for a tenant(s) otherwise entitled to parking.
- ☐ In the event that a tenant(s) is relocated, I certify that the relocation facilities provide accommodations equal to the tenants' regular housing. This includes but is not limited to, laundry facilities, cooking facilities, pet housing/care, parking, and/or any other included housing service(s).
- ☐ I certify that 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 the notice of relocation assistance and the timing of the displacement will be provided to all tenants who will be displaced.
- ☐ I certify that I have provided 30 days' written notice to all current and prospective tenants and occupants as required in § 15.02.530.A. of the Culver City Municipal Code on the following date: _____/_____/_____.
- ☐ 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 Capital Improvement Pass Through increase (rent-controlled properties only).
- ☐ I declare under penalty of perjury under the laws of State of California that the foregoing is true and correct.

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

Rev. July 2025