

**CONSTRUCTION MEANS AND METHOD PLAN - (SMMC 8.100) - PERMIT NUMBER \_\_\_\_\_**

Initial Plan    Revised Plan- This plan replaces plan previously accepted on: \_\_\_\_\_. Revised Permit #: \_\_\_\_\_

**1. Property Information**

Street Address: \_\_\_\_\_ City: **Santa Monica** Zip: \_\_\_\_\_ Total Units: \_\_\_\_\_

Is ANY unit on the property currently tenant occupied?  Yes  No (If No, complete section 2 and skip to signature.)

Construction is proposed to occur in the following occupied unit(s): \_\_\_\_\_

Construction is proposed to occur in the following vacant unit(s): \_\_\_\_\_

Will proposed work occur solely outside of the units?  Yes  No

Have any tenants in the building been relocated due to the proposed construction?  Yes  No

If Yes, which units? \_\_\_\_\_

Are there any tenants who are primarily home between the hours of 8 am and 6 pm Monday to Friday?  Yes  No

*Emergency Repair (California Building Code Section 105.2.1) - If checked, the work pertaining to the above referenced permit was completed prior to obtaining a permit due to an emergency repair. No additional work is anticipated and all tenants are currently residing in their units.*

**2. Permit Applicant Information**

<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other:	Name:	Address	City, State	Zip	Phone	Email

**3. Owner**

<input type="checkbox"/> Same as above	Name:	Address	City, State	Zip	Phone	Email

**4. Contractor Information**

<input type="checkbox"/> Same as above	Name:	Address	City, State	Zip	Phone	Email

**5. Contractor Responsible for Hazardous Material Abatement  Not Applicable**

State License #:	Name:	Address	City, State	Zip	Phone	Email
City License #:						

5a. If you checked "Not Applicable" box for #5, explain why the work does not require hazardous material abatement.

5b. Does the proposed work include cutting into or removal of any portion of the walls, ceilings, flooring, or external stucco?

Yes  No

**6. Detailed description and schedule of construction to be performed. (SMMC 8.100.020(a), SMMC 8.100.040(c)(1))**

Projected Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

*These dates are estimates as of the date of this Means and Method Plan and are subject to change. **Tenants must receive notification at least 5 days prior to construction starting.** Add additional sheets as necessary.*

6a. Is there any other construction at the property currently underway, beginning at the same time, or immediately after the proposed project? Yes No

If yes, provide detailed description below.

**7. CONSTRUCTION IMPACTS IN TENANT OCCUPIED BUILDINGS (SMMC 8.100.020(b),(c),(e))**

Check Yes or No on the items below. This Plan will not be accepted unless all questions are answered.

At any point during construction will ANY tenants experience: (Specify affected units.)	Timeframe: # of hours per day for how many days	If yes, how much prior notice will tenants receive regarding this condition?	How will you mitigate this condition to minimize its impact on the tenants?
Electricity shut offs <input type="checkbox"/> Yes <input type="checkbox"/> No			
Water shut offs <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gas shut offs <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inoperable toilet <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inoperable tub or shower <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inoperable kitchen sink <input type="checkbox"/> Yes <input type="checkbox"/> No			
Lack of hot or cold running water <input type="checkbox"/> Yes <input type="checkbox"/> No			
Inoperable heater <input type="checkbox"/> Yes <input type="checkbox"/> No			
Disruption to sewage disposal system <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blocked or temporary removal of windows to occupied unit(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Impact on ventilation <input type="checkbox"/> Yes <input type="checkbox"/> No			
Obstructed property entrances, exits, walkways, stairways, and/or paths of travel <input type="checkbox"/> Yes <input type="checkbox"/> No			
Obstructed entrances and/or exits to occupied unit(s) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss or reduction of laundry facility <input type="checkbox"/> Yes <input type="checkbox"/> No			

At any point during construction will ANY tenants experience: (Specify affected units.)		Timeframe: # of hours per day for how many days	If yes, how much prior notice will tenants receive regarding this condition?	How will you mitigate this condition to minimize its impact on the tenants?
Loss or reduction of elevator service	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Work in common areas such as hallways, courtyards, lobbies or roof	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss of on-site storage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Moving tenant's items from common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss of security, such as gates, doors, fencing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sanding or sandblasting any exterior or interior walls	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Storing construction materials on site	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Scaffolding that may block egress or impact tenant privacy	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Loss or lack of access to amenities during construction such as pool, playstructures, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Use of crane	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:				
<b>Parking</b> - How will parking be impacted? Specify how you plan to mitigate the impact and how tenants will be notified.				
<b>Dust</b> - How do you plan to minimize dust caused by construction?				
<b>Vibrations</b> - How do you plan to minimize vibrations caused by construction, such as hammering, pounding, and demolition?				
<b>Noise</b> - Will any power tools be used, including but not limited to jack hammers, air compressors, nailguns, tile saws, pile drivers, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes how do you plan to minimize the noise?				
<b>Fire Separations</b> - Will fire separations to occupied units be impacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify safety measures to maintain fire safety of occupied dwellings during construction.				

**Structural Safety** - Identify specific measures to maintain structural stability during construction.

**8. Temporary Relocation - A tenant must be temporarily relocated if the conditions created by the construction will render the premises uninhabitable. SMMC 8.100.020(d)**

Tenant(s) will be temporarily relocated during construction. If checked, specify units to be temporarily relocated, anticipated start date of relocation, anticipated duration of relocation, type of relocation benefit being offered to tenants.

Work will not create uninhabitable conditions and tenant(s) will remain in place.

I agree that if at any point during construction any occupied unit is rendered uninhabitable, the landlord will provide tenant relocation assistance as required by Santa Monica Municipal Code Chapter 4.36.

**Applicant Initial**

**9. Tenant Rights and Noticing - Santa Monica Municipal Code 8.100.040 ( c )**

**Applicant Initial**

Construction being undertaken at the above referenced property will not terminate the tenant's tenancy.

Tenants have the right to seek mitigation from the property owner for nuisance conditions at the property, including, but not limited to, noise, dust, vibrations, utility shut-offs and other construction impacts.

Tenants have the right to review and receive free copies of the owner's approved construction means and method plan. Copies of the means and method plan can be obtained from **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_.

Tenants have the right to obtain, review and receive free copies of the owner's approved relocation plan, if such plan was required. Copies of the relocation plan can be obtained by contacting **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_.

Tenants can contact the following person who is responsible for responding to tenant inquiries, complaints, and requests for mitigation of nuisance conditions. **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Tenants should immediately contact the City Code Enforcement Division at 310-458-4984 regarding any conditions at the property which they consider to be unsafe, unsanitary, in violation of the City's technical or safety codes, or in violation of the applicant's construction means and method plan.

If the construction projects exceed thirty days in duration, the applicant will provide monthly notices to the tenants regarding the progress of construction and will schedule meetings periodically to address the construction progress and obtain tenant input and feedback regarding the construction.

If the project requires the temporary relocation of tenants due to construction activity, to the greatest extent practicable, no tenant lawfully occupying the property will be required to move without written notice from the owner.

**10. Applicant Acknowledgement**

**Applicant Initial**

The applicant will maintain a clean and safe jobsite in accordance with Cal/OSHA regulations and Chapter 33 of the California Building Code.

The applicant must comply with California Civil Code §1954 which governs entry into a rental unit.

The property owner shall be responsible for any violation of this plan. A licensed contractor serving as the agent of the owner or as the applicant for a permit may be held jointly responsible for violations of this plan.

All affected tenants of the property will receive a copy of the tenant notice of proposed construction incorporated herein within 5 days following the issuance of the permit and that no construction can commence until 5 days after the date all affected tenants are notified.

**CONTEMPORANEOUS WITH THE SUBMISSION OF A CONSTRUCTION MEANS AND METHOD PLAN TO THE CITY, I CERTIFY THAT ALL AFFECTED TENANTS OF THE PROPERTY WILL RECEIVE THE MEANS AND METHOD PLAN BY HAND-DELIVERY, SENT BY CERTIFIED MAIL OR OTHERWISE DELIVERED IN A FORM OF ELECTRONIC MEANS ACCEPTABLE TO THE BUILDING OFFICER, WITH PROOF OF SERVICE. I UNDERSTAND THAT FOR RENT CONTROLLED UNITS TENANTS MAY SEEK A RENT DECREASE FOR CONSTRUCTION IMPACTS UNDER RENT CONTROL BOARD REGULATION 4400.**

**I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT, AND THAT I AGREE TO COMPLY WITH THE HABITABILITY REQUIREMENTS OF CHAPTERS 8.100 AND 4.36 OF THE SANTA MONICA MUNICIPAL CODE. A VIOLATION OF ANY OF THESE REQUIREMENTS MAY CAUSE A STOP WORK ORDER AND CITATION TO BE ISSUED. VIOLATION MAY ALSO RESULT IN ASSESSMENT OF A FINE.**

**Applicant Signature:**

**Print Name:**

**Date:**

**CITY OF SANTA MONICA USE ONLY**

MMP Approved on:

MMP Approved by (Signature):

Print: