

County of El Dorado
Traffic Impact Mitigation (TIM) Fee
Offset Program for Developments
With Affordable Housing

SECTION 1 – APPLICATION SUMMARY

Project Name: WHITE GRANNY FLAT

Project Location: [REDACTED] ROAD, PLACERVILLE - 95667

TIM Fee Zone: 6 jg

Project Address: SAME AS ABOVE

Parcel Number: APN 046-260-61

Developer Name: N/A Nancy R. White

Developer Address: N/A

Contact Name: N/A Nancy R. White

Phone: (530) [REDACTED] Fax: (530) [REDACTED] Cell: 408 [REDACTED]

Email Address: [REDACTED]@yahoo.com

Anticipated date of project completion: August 30 2013

TOTAL PROJECT COST \$ \$100,000.00 Cost per Unit: \$ same

TOTAL NUMBER OF UNITS 1 Total Affordable Units 1

TIM FEE OFFSET REQUEST \$ 15,240.00 of 23,420.00 Per Unit Offset \$

TARGET INCOME GROUP(S): 1-2 persons - low → moderate income

AFFORDABILITY LEVEL: X 20 years 15 years 10 years

2012 State HCD Income Limits for El Dorado County							
Income Category		Number of Persons in Household					
		1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Extremely Low Income	30% AMI	\$16,000	\$18,300	\$20,600	\$22,850	\$24,700	\$26,550
Very Low Income	50% AMI	\$26,650	\$30,450	\$34,250	\$38,050	\$41,100	\$44,150
Low Income	80% AMI	\$42,650	\$48,750	\$54,850	\$60,900	\$65,800	\$70,650
Median Income	100% AMI	\$53,250	\$60,900	\$68,500	\$76,100	\$82,200	\$88,300
Moderate Income	120% AMI	\$63,900	\$73,050	\$82,150	\$91,300	\$98,600	\$105,900

Note: State Income Limits change annually. Visit <http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html> for current income limits.

TIM Fee Offset Application
Return to Planning Services, Attn: Shawna Purvines, 2850 Fair Lane Court, Bldg. C, Placerville, CA 95667 prior to deadline.

 PARCEL: 046 260 61 1 SITUS: ██████████

RD

CASE	CATG	ST	COMMISSION	REMARK
ECOP	MIT2		RARE PLANT PRESERVES	MITIGATION AREA 2
DOT1	TIM5		T.I.M. FEES	DOT TIM FEE
FIRE	MOD		FIRE REGULATION REVIEW	MODERATE HAZARD GI004281
H2OS	STRM		Conservation Water Resources	Int Stream Setback 50 ft
RAZ	2-5		STATE TIM FEE-RAZ 2-5	STATE TIM FEE - RAZ 2-5
SDES	CATC		SEISMIC DESIGN CATEGORY	SEISMIC DSGN CATG C M#4593_CD
TIM	CNTL		HWY 50 VARIABLE T.I.M.	T.I.M. CENTRAL DISTRICT
TIMG	ZON6		HWY 50 T.I.M.	T.I.M ZONE 6
RCD	PVL		EDC RCD/PLACERVILLE	RCD - PLACERVILLE

LMC198A

F1=HELP 2=CLR 3=QUIT 7/8=SCROLL S7/8=PREV/NEXT F9=T99 F10=T07 11=L10 12=EXIT

PROJECT TYPE

- Ownership Housing

Ownership Units *
 Target Income Group: _____
 Affordability Level in Years: _____

- Rental Housing

Rental Units **
 Target Income Group: _____
 Affordability Level in years: 20 yr. min. Percent of TIM Offset: _____

Table 1 TIM Fee Offset			
*Applies to Ownership Units			
Affordability Level	Very Low	Low	Moderate
20 years	100%	75%	25%
15 years	75%	50%	0%
10 years	50%	25%	0%
**Applies to Rental Units			
Affordability Level	Very Low	Low	Moderate
20 years (minimum)	100%	75%	25%

- Second Dwelling Units

** Conversion of existing barn to granny flat*

New Construction of Second Units in a New Subdivision
 (Minimum 20 year affordability for 100% offset.)

New Construction of Second Unit on Owner Occupied Property

Level of Affordability in Years: 20 Percent of TIM Offset: 100%

Target Income Group: _____

Table 2 Second Units			
Existing Homeowner building a 2 nd Unit		New Construction	
Length of Affordability	% of TIM Offset	Length of Affordability	% of TIM Offset
20 years	100%	Not less than 20 years	100%
15 years	75%		
10 years	50%		

DEVELOPER INFORMATION CHECKLIST

Please mark one and include all listed information when you submit the application:

- Not-For-Profit Organization
 - evidence of 501(c)(3) or 501(c)(4) status
 - articles of incorporation and by-laws
 - certified financial statement (or recent certified audit)

- Private For-Profit Organizations
 - certified financial statement
 - nature of ownership entity:
 - partnership - evidence of current ownership percentages of partners
 - sole proprietorship
 - corporation
 - if a corporation, Articles of Incorporation and by-laws; if a partnership, Partnership Agreement and, if applicable, Certificate of Limited Partnership

- Private Homeowner (Owner Occupied)
 - evidence of current ownership
 - provide as much information as possible in Section 3, Project/Program Narrative, including potential tenant information, if available.

SECTION 2 – CERTIFICATION

The undersigned hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the Project from a TIM Fee Offset. The information given by the applicant may be subject to verification by the El Dorado County Human Services Department. Submission of this application shall be deemed an authorization to the County to undertake such investigations, as it deems necessary to determine the accuracy of this application and the appropriateness of providing a County TIM Fee Offset to the project. If any information changes after submission of this application the undersigned agrees to notify the County immediately. In addition, any change in scope of proposal and/or costs must be reported to the County immediately.

The undersigned also agrees that any commitment by the County to provide TIM Fee Offsets that may be forthcoming from this application is conditioned by the El Dorado County Advisory Committee's TIM Fee Offset criteria, and the applicant's continued compliance with those guidelines.

The undersigned also hereby certifies that the governing body of the applicant has formally authorized the undersigned to execute the documents necessary to make this application.

Legal Name of Applicant: Nancy R White Successor trustee of the ^{White Family 2002 living} Trust

Signature: Nancy R White

Name: (please type) Nancy R White

Title: Trustee of the White Family 2002 living Trust

Date: 1/9/2013

Phone: 408 [REDACTED] - Hm 530 [REDACTED]

Fax: 530 [REDACTED]

Email Address: [REDACTED]@yahoo.com

Mailing Address: [REDACTED] Road
Placerville
CA 95667

SECTION 3 – PROJECT/PROGRAM NARRATIVE

1. **Completed Pre-Application Review:** The applicant will need to complete Planning Services' Pre-Application process in order to be eligible for funding. (Waived for homeowner building individual second dwelling unit on primary residential property)
2. **Project Summary:** Provide a short summary of the project. Include the project name, developer, project location, number of units, number of accessible and visitable units, total project costs, and amount of TIM Fee Offset requested.
3. **Project Description:** Describe the type of project and scope of activity being proposed, indicating:
 - Type of housing project (new construction, rental, homeownership, or second unit)
 - Unit size and number of units in each bedroom size
 - Population to be served by this development, including an estimate of the number of housing units to be sold or rented to each of the following income groups:
 - Household income below 50% of the area median
 - Household income 50%-80% of the area median
 - Household income 80%-120% of the area median
 - Applicants must provide estimates based on these income categories.
 - If the project proposed will serve a population with special housing needs, for example senior/disabled, describe the services to be offered to the residents and the funding sources for these services.
 - Street address and zip code of each property in the project.
 - Current ownership of each property.
 - Current zoning, use and occupancy status on the site.
 - Site control, including documentation of options to lease or buy.
 - Description of completed properties (house type, square footage, number of bedrooms and bathrooms, parking, lot size, etc.) Please provide renderings, site plans and floors plans if available.
4. **Location Map of parcel(s):** Provide maps of the site plan and location of the project.
5. **Financing Plan (Request for TIM Fee Offset):** Include a budget which identifies anticipated development and other costs for the project including potential funding sources.
6. **Timetable:** Identify key benchmarks for project development, including financing, predevelopment activities, construction start, construction end, and leasing or sales. Describe the timeline for using the TIM Fee offsets should they be granted and how the timeline may or may not match up to the issuance of building permits for a project already approved but not built.
7. **Developer Team Description:** Provide the business name, the primary contact person, street address, telephone number, fax number, and email address for each Developer team member consisting of at least the Developer, Architect, Property Manager and Social Service Provider, if applicable. Please also include the name and number for the Developer's project manager. (see Section 4)

January 18, 2013

Hi CJ,

Thanks for the information. Yes, please update my application to reflect the correct TIM zone & fee of \$15,240.00.

I only have this iPhone. I plan to you to my son's place on the weekend to write up the narrative. Or, I have typed a narrative below that might be useable?

At this time, there is an existing permitted barn, roughly 950+ square feet on my 5 acre property, which I plan to convert into a 2 bedroom 1 bathroom, with kitchen & living room granny flat. It will be 1200 square feet total when completed. Marilyn hicks, owner of elite design, have sent the preliminary draft drawings as you mentioned. Right now, I'm a new resident of El Dorado County. [REDACTED]

[REDACTED] I plan to use the granny flat as affordable housing for either a single person, or retired couple. As I age, and unable to navigate the stairs in the main dwelling, I plan to move into the granny flat (25-30 yrs. down the road). The unit will be a modest source of income for me. At this writing, I do not have a prospective tenant for the dwelling.

I will be using funds from my savings to finance the granny flat project. Approval of my TIM off set-application would significantly benefit my out of pocket expenses & keep this project affordable for myself. The savings would help cover other construction cost; electrical, heating, cooling, solar, plumbing, cabinetry, flooring, bathroom fixtures & all other materials needed to make the granny flat a comfortable affordable dwelling sometime soon.

Thank you for your considerations.

Sincerely,
Nancy R. White

Sent from my iPhone

SECTION 4 – PROJECT PARTNERS

PROJECT PARTNERS

If the program will involve other entities (financial institutions, social service providers, etc.), please list them and provide a brief description of their roles in the program. Use additional sheets if necessary.

Name: _____
Role _____
Contact Person: _____ N/A
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

Name: _____
Role _____
Contact Person: _____ N/A
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

Name: _____
Role _____
Contact Person: _____ N/A
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

SECTION 5 – PROJECT DEVELOPMENT TEAM

Complete the following information for each proposed development. If this project is a co-venture please list the co-partner and/or the owner organization: *Indicate by asterisk any identity of interest among the development team members.

1a. Co-Partner _____

Contact: _____

Address: _____

E-Mail Address: _____

Phone: (____) ____ - _____ FAX: (____) ____ - _____

1b. Owner: Nancy R White

Contact: _____

Address: _____ Ed

E-Mail Address: _____ @ yahoo.com

Phone: (530) _____ FAX: (530) _____

2. Attorney: _____

Contact: _____

Address: _____

E-Mail Address: _____

Phone: (____) ____ - _____ FAX: (____) ____ - _____

3. Contractor: Jared DiMuccio Construction

Contact: Jared DiMuccio

Address: PO Box 48 Diamond Springs CA 95619

E-Mail Address: eldoradocountybuilder.com (www).

Phone: (530) 391 - 5951 FAX: (530) 647 - 0247

4. Architect: Elitedesign

Contact: Marilyn Hicks

Address: PO Box 2050 Diamond Springs CA

E-Mail Address: _____

Phone: (530) 626 - 7377 FAX: (____) ____ - _____

5. Management Agent: _____

Contact: _____

Address: _____

E-Mail Address: _____

Phone: (____) ____ - _____ FAX: (____) ____ - _____

6. Supportive Service Provider _____

Contact: _____

Address: _____

E-Mail Address: _____

Phone: (____) ____ - _____ FAX: (____) ____ - _____

Attach this information for other key entities involved in the project.

SECTION 6 – GENERAL SITE AND FINANCING INFORMATION

Attach evidence of site control, evidence of proper zoning, sketch plan of site, schematic drawing if new construction, and picture of building if rehabilitation.

PART A – GENERAL SITE INFORMATION

Has a site been determined for this project? Yes No

PART B – SITE CONTROL

1. Does Applicant have site control? Yes No

If yes, form of control: Deed Date acquired: ___/___/____
 Contract Expiration Date of Contract: ___/___/____
 Option to Purchase
Expiration Date of Option: ___/___/____
(Include copy of Statement of Intent from current site owner)

If no, describe the plan for attaining site control:

Total Cost of Land: \$ _____ Site area size: _____ acres or sq. ft.

Seller's Name: _____
Address: _____
City: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

2. Is the seller related to the Developer? Yes No

PART C – ZONING AND UTILITIES

1. Is the site properly zoned for your development? Yes No
If no, is site currently in process of rezoning? Yes No
When is the zoning issue expected to be resolved? ___/___/____
Explain:

2. Are utilities presently available to the site? Yes No

If no, which utilities need to be brought to the site:
 Electric Water Phone Gas Sewer Other: propane
* well & septic
* Need to have PG&E install stand alone service

PART D – FINANCING PLAN

Include a budget which identifies anticipated development and other costs for the project.

For homeownership projects:

- The Development Pro Forma, which identifies the total development cost and the sources and uses of funds.
- The Home Sale Analysis Pro Forma to provide the estimated purchase price of the housing units to be developed and to describe the income group for which the properties are affordable.
- Attach Developer Agreement of sustained affordability with housing authority.

For rental projects:

- The Development Pro Forma, which identifies the total development cost and the sources and uses of funds.
- Describe the income groups for which the units are affordable.
- Provide proposed rents for each unit size.
- Provide supporting evidence of all funding commitments received, and a list of pending applications with dates of submission and expected awards.
- Provide proposed rent limitation agreement with housing authority.

For second dwelling units on owner occupied property:

- Describe financing available which identifies the total development cost and the sources and uses of funds.
- Describe the income group for which the unit is affordable (HUD Income Limits Table on Page 2).

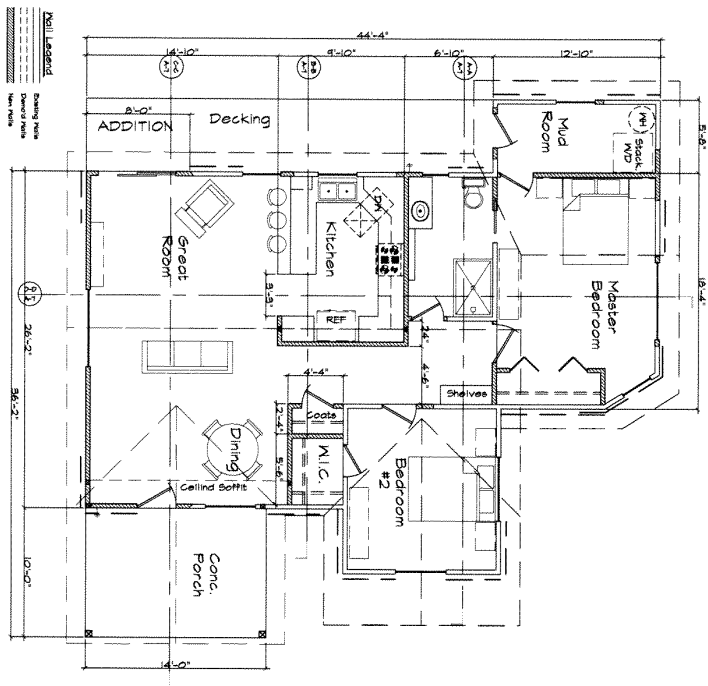
PART E – ANNUAL DEADLINES AND SUBMISSION DATES

Submission of one original plus five (5) copies of the application and all attachments must be received by the County beginning no sooner than January 1 and no later than January 15 and July 1 and no later than July 15 of each year.

Pre-submission meeting at the Development Services Department is required*	June 15 & December 15
Questions and requests for additional information accepted	June 15 - 30 & December 15 - 30
Application Submission	**July 1 - 15 & January 1 - 15
Notification to developer team who failed to meet submission requirements	January 16 - February 28 & July 16 – August 28
Advisory Group meetings to recommend projects	January 20 – February 28 & July 30 - August 28
Board of Supervisors awards funding	Not later than March 31 st & September 30 th

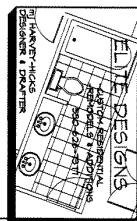
* A pre-submission meeting will be held to ensure that all potential applicants understand the process for submitting petitions. Location may vary. Attendance is strongly encouraged.

**** Deadline is at 5 p.m. of the final date. Deadlines that occur on weekends and holidays will be extended to the next business day.**



Wall Legend
 Existing Wall
 New Wall

FLOOR PLAN
 Sq Ft. (w) Structure = 483.4
 Net Space = 216
 Covered Porches = 140
 Scale: 1/4" = 1'-0"



REVISIONS	
No.	Description

Placerville, California
Granny Flat - Remodel

Sheet Contents

Proposed Floor Plan

Drawn By	Date

Sheet Number
A-2