

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

SECTION 1 – APPLICATION SUMMARY

Project Name: Wing family granny flat
 Project Location: 7676 Comet View Court
 TIM Fee Zone: Rescue (Zone 2)
 Project Address: 7676 Comet View Court, Rescue CA. 95672
 Parcel Number: 069-120-20-100
 Developer Name: _____
 Developer Address: _____
 Contact Name: Gene Wing
 Phone: (530) ██████ - ██████ Fax: (____) _____ - _____
 Email Address: _____
 Anticipated date of project completion: December 2011 / February 2012
TOTAL PROJECT COST \$ 110,000.⁰⁰ Cost per Unit: \$ _____
TOTAL NUMBER OF UNITS 1 aff Total Affordable Units 1 aff
TIM FEE OFFSET REQUEST \$ 27,180 aff Per Unit Offset \$ _____
TARGET INCOME GROUP(S): Moderate aff
AFFORDABILITY LEVEL: **20 years** **15 years** **10 years**

Income Category - Target Income Groups 2009 County Income Limits*		Number of Persons in Household					
		1	2	3	4	5	6
Extremely Low	<30% MFI	\$15,300	\$17,500	\$19,650	\$21,850	\$23,600	\$25,350
Very Low Income	<50% MFI	\$25,500	\$29,100	\$32,750	\$36,400	\$39,300	\$42,200
Low Income	<80% MFI	\$40,800	\$46,600	\$52,450	\$58,250	\$62,900	\$67,550
Moderate Income	<120% MFI	\$61,150	\$69,900	\$78,600	\$87,350	\$94,350	\$101,350
Median Income		\$50,950	\$58,250	\$65,500	\$72,800	\$78,600	\$84,450

* HUD Income Limits effective 3/19/09

Note: HUD Income Limits change annually. Visit <http://www.huduser.org/datasets/il.html> or <http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html> for current limits.

 PARCEL: 069 120 20 1 SITUS: 7676 COMET VIEW

CT

CASE	CATG	ST	COMMISSION	REMARK
AG	STBK		AGRICULUTURAL SETBACK REVIEW.	AG SETBACK REVIEW-ADJ AREA
BLDG	EDH		BUILDING DEPT/EDH	EL DORADO HILLS PERMIT OFFICE
DOT1	TIM5		T.I.M. FEES	DOT TIM FEE
ECOP	MIT1		RARE PLANT PRESERVES	MITIGATION AREA 1
FIRE	MOD		FIRE REGULATION REVIEW	MODERATE HAZARD GI004281
H2OS	STRM		Conservation Water Resources	Int Stream Setback 50 ft
H2OW	WETL		Conservation Water Resources	Wetlands Setback 50 Ft.
RAZ	1		STATE TIM FEE-RAZ 1	STATE TIM FEE - RAZ 1
SAFE	FEE		PUBLIC SAFETY IMPACT FEE	SAFETY FEE SEE MAP#GI003991
SDES	CATC		SEISMIC DESIGN CATEGORY	SEISMIC DSGN CATG C M#4593_CD
TIMG	ZON2		HWY 50 T.I.M.	T.I.M. ZONE 2
TIM3	WEST		HWY 50 VARIABLE T.I.M.	T.I.M. WEST DISTRICT

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

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.

TIM Fee Offset Application

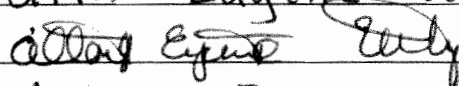
Return to Planning Services, Attn: Shawna Purvines, 2850 Fair Lane Court, Bldg. C, Placerville, CA 95667 prior to deadline.

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: Alton Eugene Wing
Signature: 
Name: (please type) Alton Eugene Wing
Title: Owner
Date: 7-12-2011
Phone: 530--
Fax: _____
Email Address: _____
Mailing Address: 7676 Comet View Court
Rescue, CA. 95672

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)

8-4-2011

Department of Human Services
Attn: C J Freeland
(TIM fee offset application)

1) Project Narrative

We are proposing to build a 1200 sq. ft granny flat with two bedrooms, two bathrooms living room, and kitchen. We will extend our driveway to new location and park at side of new structure. My wife and handicap son ~~_____~~ also me will likely move in and our daughter and her family will occupy our existing house. ~~_____~~
~~_____~~
Our income is approx. ~~_____~~ a year.

Financial Plan

Our daughter and son-in-law are planning to sell their home and most likely will use that money to build the granny flat with cash

Thank you
Gene Wing

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: _____
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

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

Name: _____
Role _____
Contact Person: _____
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:

Alton Eugene Wing
Contact: Gene Wing
Address: 7676 Comet View Court, Rescue
E-Mail Address: _____
Phone: (530) 672-2210 FAX: (____) ____ - _____

2. Attorney:

Contact: _____
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

3. Contractor:

Dave Hartshorn
Contact: Dave Hartshorn
Address: P.O. Box 1206 Pollock Pines CA. 95726
E-Mail Address: _____
Phone: (530) 644-4170 FAX: (____) ____ - _____

4. Architect:

Contact: _____
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ 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 Contract Option to Purchase
Date acquired: 6/5/1990
Expiration Date of Contract: / /
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: 23.79 acres or sq. ft.

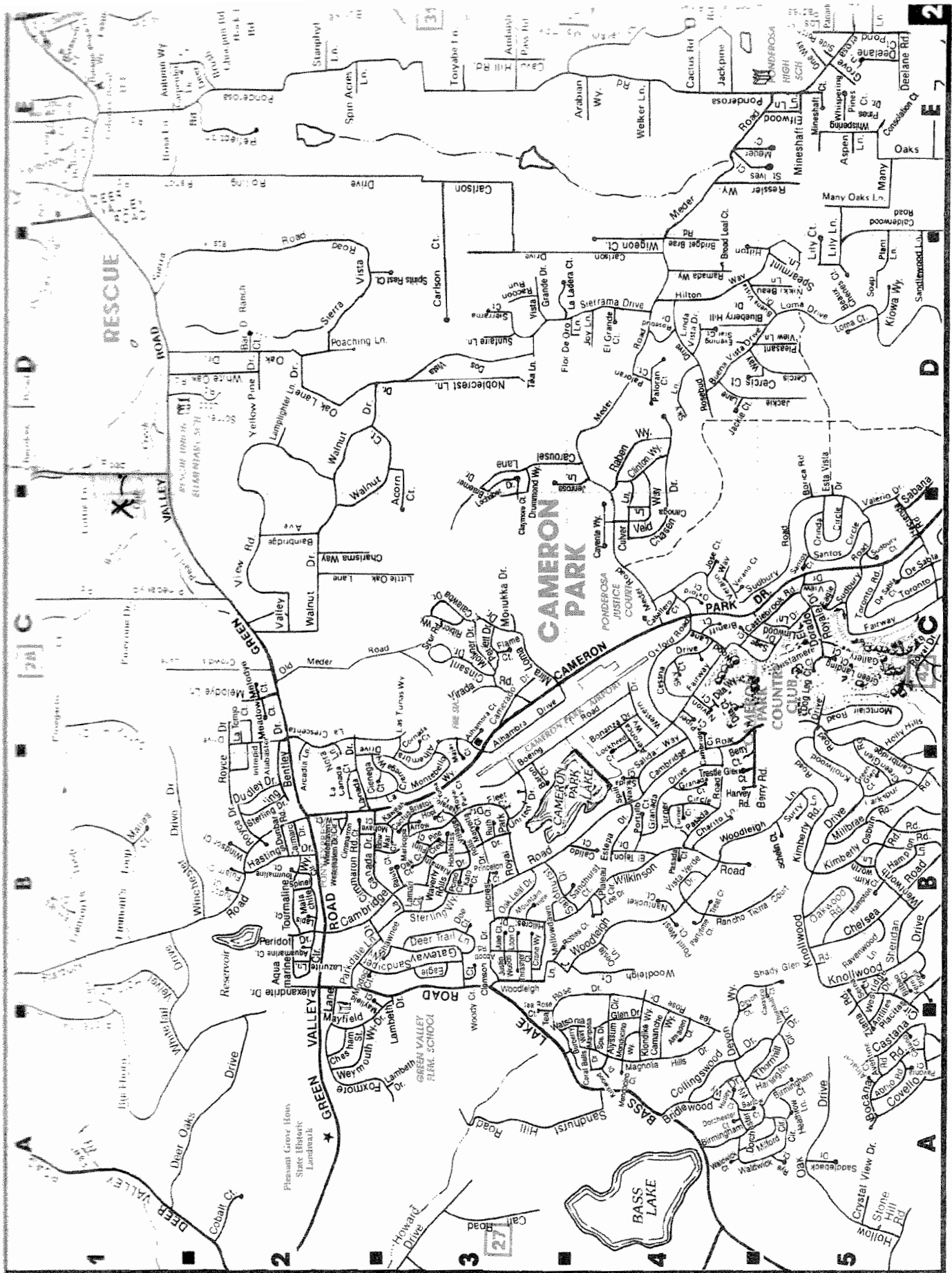
Seller's Name: _____
Address: _____
City: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

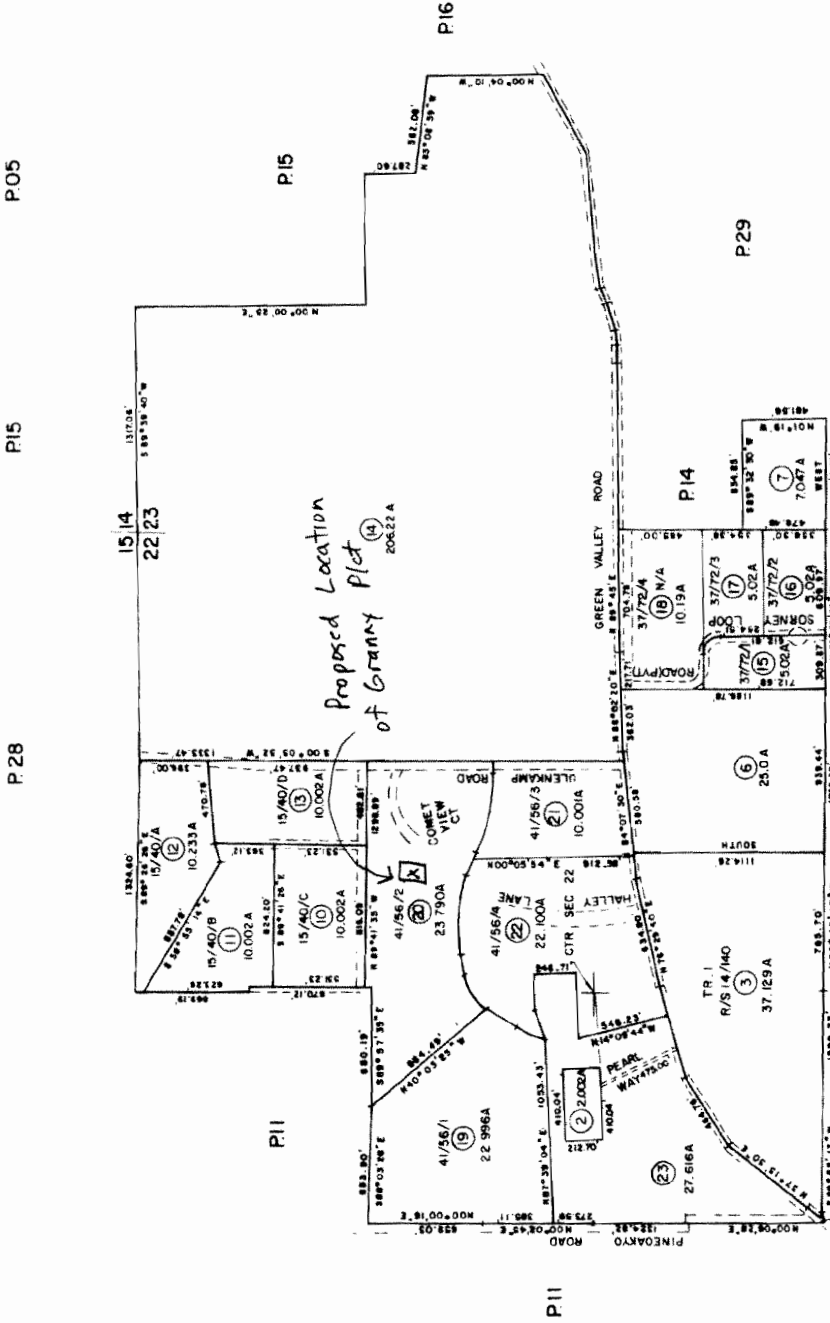
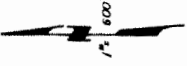
2. Is the seller related to the Developer? Yes No

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: Septic





NOTE - Assessor's Block Numbers Shown in Ellipses
Assessor's Parcel Numbers Shown in Circles