

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

APR 20 2010
PLANNING DEPARTMENT

SECTION 1 – APPLICATION SUMMARY

Project Name: Rescue
 Project Location: 3400 Green Valley Rd. Rescue, CA 95672
 TIM Fee Zone: 2
 Project Address: 3400 Green Valley Rd. Rescue, CA 95672
 Parcel Number: 069-130-04-100
 Developer Name: Owner: Diana Ryan
 Developer Address: 3400 Green Valley Rd. Rescue, CA 95672
 Contact Name: Diana Ryan
 Phone: (916) 933-2645 Fax: () - -
 Email Address: ryandiana@gmail.com
 Anticipated date of project completion: 2013

TOTAL PROJECT COST \$ 85,000. Cost per Unit: \$ 85,000.

TOTAL NUMBER OF UNITS 1 Total Affordable Units 1

TIM FEE OFFSET REQUEST \$ 27,180. Per Unit Offset \$ _____

TARGET INCOME GROUP(S): Low to moderate income

AFFORDABILITY LEVEL: X 20 years _____ 15 years _____ 10 years

Income Category - Target Income Groups 2010 County Income Limits*		Number of Persons in Household					
		1	2	3	4	5	6
Extremely Low	<30% MF	\$15,400	\$17,600	\$19,800	\$21,950	\$23,750	\$25,500
Very Low Income	<50% MF	\$25,600	\$29,250	\$32,900	\$36,550	\$39,500	\$42,400
Low Income	<80% MF	\$40,950	\$46,800	\$52,650	\$58,500	\$63,200	\$67,900
Moderate Income	<120% MF	\$61,400	\$70,150	\$78,950	\$87,700	\$94,700	\$101,750
Median Income		\$51,150	\$58,500	\$65,800	\$73,100	\$78,950	\$84,800

* HUD Income Limits effective 5/14/10

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

 PARCEL: 069 130 04 1 SITUS: 3400 GREEN VALLEY

RD

CASE CATG ST	COMMISSION	REMARK
STRC CULR	Cultural Resources Review.	STRUCT>=50 YRS. BUILT IN 1946
BLDG EDH	BUILDING DEPT/EDH	EL DORADO HILLS PERMIT OFFICE
CLUP CMPK	Airport Safety Review	Cameron Park Airport.
DOT1 TIM5	T.I.M. FEES	DOT TIM FEE
ECOP MIT1	RARE PLANT PRESERVES	MITIGATION AREA 1
FIRE HIGH	FIRE REGULATION REVIEW	HIGH HAZARD GI004281
RAZ 1	STATE TIM FEE-RAZ 1	STATE TIM FEE - RAZ 1
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

F1=HELP 2=CLR 3=QUIT 7/8=SCROLL S7/8=PREV/NEXT F9=T99 F10=T07 11=L10 12=EXIT LMC198A

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: _____
 ___ 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: Diana Ryan Bishop A. Ryan
Signature: 
Name: (please type) Diana Ryan
Title: owner
Date: 1/10/11
Phone: (916) 933-2645 or (916) 467-2092
Fax: _____
Email Address: ryandiana@gmail.com
Mailing Address: 3400 Green Valley Rd.
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)

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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: ___/___/___
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: 6.7 acres 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

Project Summary

1/11/11

Diana Ryan

916-933-2645

3400 Green Valley Road

Rescue, CA 95672

- **Name of Project:** Rescue
- **Developer:** Owner – Diana Ryan
- **Location:** 3400 Green Valley Rd. Rescue, CA 95672
- **# of Units:** 1
- **Costs: (approx)** 85,000.
- **TIMM fee request:** 28,180.

3 - Description

The proposed "**Rescue**" project is a single family dwelling. The property at 3400 Green Valley Rd. is 6.6 acres and currently has 1 single family home, 1 garage, and 1 barn/dog kennel. The square footage in question that we are applying for the offset for is currently a "feed room" according to the El Do. Co. Assessor's Office. Our desire is to complete it as a 3 bedroom/ 2 bath, 1200 square foot 2nd home to house a low to moderate income tenant using the HUD income guidelines.

Example: 2 person family – \$46800. – low income to \$70,150. – moderate income

3 person family - \$52,650 – low income to \$78,950. – moderate income.

Special Needs: We desire to make the house handicap accessible.

3400 Green Valley Rd. Rescue, CA 95672

Owner: Diana Ryan currently in joint tenancy with son: Bishop Ryan

Zoning: 22, Improved rural/residential. 2.5 – 20 acres.

Completed: House #1 - 1 single family home = 1100 square feet, 1 20'X50' garage , 1 20'X120' dog kennel /barn.

#4 – Location Map: Site plan and plot map included

#5 – Budget:

#6 – Timeline

1/11/11 – submit application for offset

\$10,000. **6/11/11**

- Preliminary
- Building plans

\$10,000. **9/1/11**

- Infastructure
- Septic, water, power, grading.

\$10,000. **6/1/12**

- Exterior frame.
- Windows, siding, roof, paint

\$10,000. **9/1/12**

- Interior rough
- Wiring, plumbing, sheetrock, woodstove.

\$10,000. **4/1/13**

- Interior finish.
- Cabinets, appliances, plumbing finish/fixtures,
- doors, lighting, flooring

\$5,000. **5/1/13**

- Exterior finish
- Concrete, decking

#7 – Owner/Developer: Diana Ryan 3400 Green Valley Rd. Rescue, CA 95762

(916) 933-2645