

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

1 – APPLICATION SUMMARY

Project Name: Courtside Manor Phase 3 – 12 units, 3 4plexs

Project Location: 680 Black Rice Rd., Diamond Springs, Ca. 95619

TIM Fee Zone: 3

Project Address: : 680 Black Rice Rd., Diamond Springs, Ca. 95619

Parcel Number: 051-461-37

Developer Name: Gerald Caditz

Developer Address: 419 Main St. #200, Placerville, Ca. 95667

Contact Name: Gerald Caditz

Phone: (_530) 622 - **7525** Fax: (530) 622 – 5127

Email Address: [REDACTED]

projected date of project completion: December 2014

TOTAL PROJECT COST \$1,250,000 Cost per Unit: \$62,500 (without land)

TOTAL NUMBER OF UNITS 12 Total Affordable Units 12

TIM FEE OFFSET REQUEST \$ 279,600 ~~251,500~~ Per Unit Offset \$ 23,300 ✓ *gj*

TARGET INCOME GROUP(S): low income ✓

AFFORDABILITY LEVEL: x **20 years** **15 years** **10 years**

2014 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	<u>30% AMI</u>	\$16,000	\$18,300	\$20,600	\$22,850	\$24,700	\$26,550
Very Low Income	<u>50% AMI</u>	\$26,650	\$30,450	\$34,250	\$38,050	\$41,100	\$44,150
Low Income	<u>80% AMI</u>	\$42,650	\$48,750	\$54,850	\$60,900	\$65,800	\$70,650
Median Income	<u>100% AMI</u>	\$53,250	\$60,900	\$68,500	\$76,100	\$82,200	\$88,300
Moderate Income	<u>120% AMI</u>	\$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.

For more information contact C.J. Freeland at Cynthia.freeland@edcgov.us or 530-622-5150

PROJECT TYPE

- Ownership Housing

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

- Rental Housing

Rental Units **
 Target Income Group: low income

 Affordability Level in years: 20 yr. min. Percent of TIM Offset: 100%

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: _____ 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
- af 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: Courtside Manor Inc

Signature: by: 

Name: *(please type)* Gerald Caditz

Title: officer

Date: 7/10/14

Phone: 530-622-7525

Fax: 530-622-5127

Email Address: 

Mailing Address: 419 Main St. #200

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)

COURTSIDE MANOR PHASE 3 APARTMENTS -PROJECT NARRATIVE

Project Name: COURTSIDE MANOR PHASE 3

Developer: CMT, INC.
Gerald Caditz
Owner 419 Main St. #200
Placerville, Ca. 95667
530-622-7525
Fax: 530-622-5127
Email: [REDACTED]

Location: 680 BLACK RICE RD.
DIAMOND SPRINGS, CA.
APN: 051-461-37

Lot Size: 5.2 ac.

Units: three four-plexs -(12) units as affordable housing

Engineer: Larry Patterson - Patterson Development
6610 Merchandise Way
Diamond Springs, Ca. 95619
530-626-3746

The project at this time is limited to new construction of three four-plexs (12 units) as affordable housing. The 5.2 ac parcel will permit the construction in the future of approximately ten more 4plexs of the same design. The parcel is currently zoned R-2, and no zoning change is required.

The building plans for the four-plex is the same as that as has already been designed and approved by the building department for the affordable housing project known as the "SKYVIEW APARTMENTS" in Shingle Springs - Permit ID: 219198

The units are two bedroom/two bath units each 807 sq. ft.

Financing will be private funding. It is conditioned on the waiver of the TIM fees, as the project is not feasible without the waiver. 100% of the TIM fees are requested to be offset, based on the "Low Income" category.

Construction is expected to be completed December of 2014.

Attached is a floor plan, and 3-dimensional rendering of the 4plex, assessor's map showing parcel, and a site plan.

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: FINANCING
Contact Person: GERALD CADITZ
Address: SEE ABOVE
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

Name: GERALD BURNETTE
Role: FINANCING
Contact Person: GERALD CADITZ
Address: SEE ABOVE
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: See above
Contact: _____
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

2. Attorney: Gerald Caditz
Contact: See above
Address: _____
E-Mail Address: _____
Phone: (____) ____ - _____ FAX: (____) ____ - _____

3. Contractor: SHAWN SHANABROOK CONSTRUCTION
Contact: SHAWN SHANABROOK
Address: SACRAMENTO, CA
E-Mail Address: _____
Phone: (530) 306-1047 FAX: (____) ____ - _____

4. Architect: JVS DESIGNS
Contact: NATHAN JONES
Address: 4421 LUNEMAN RD. PLACERVILLE, CA. 95667
E-Mail Address: _____
Phone: (530-295-8238) _____ FAX: (____) ____ - _____

5. Management Agent: PATTERSON DEVELOPMENT
Contact: LARRY PATTERSON
Address: 6610 MERCHANDISE WAY, DIAMOND SPRINGS, CA
E-Mail Address: _____
Phone: (530-626-3746) _____ FAX: (530-621-2997)

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: 2 /28 /2013
 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: [REDACTED] PLUS _____ Site area size: 5 PLUS acres

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: _____