

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

SECTION 1 – APPLICATION SUMMARY

Project Name: HAINES GRANNYFLAT

Project Location: 1544 Big Oak Rd.

Project Address (if unavailable - parcel #): 998-120-19-1

Developer Name: Doug Haines

Developer Address: _____

Contact Name: _____

Phone: (530) 622 - 3568 Fax: () -

Email Address: mastrdoug@hotmail.com

Anticipated date of project completion: _____

TOTAL PROJECT COST \$35,000

TIM FEE OFFSET REQUEST Total Offset \$ _____ Per Unit Offset \$ _____

Total Number of Units _____
 Number of Low & Moderate Income Households 1
 Total Estimated Cost/Unit \$35,000
 TIM Fee Offset (per unit) \$

2008 HUD Income Limits		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Household size							
Extremely Low Income	30%	\$14,900	\$17,050	\$19,150	\$21,300	\$23,000	\$24,700
Very Low Income	50%	\$24,850	\$28,400	\$31,950	\$35,500	\$38,350	\$41,200
Low Income	80%	\$39,750	\$45,450	\$51,100	\$56,800	\$61,350	\$65,900
Moderate Income	80% to 120%	\$59,600	\$68,200	\$76,700	\$85,200	\$92,000	\$98,800

Median Income for El Dorado County (family of 4) \$71,000 effective 2/13/2008

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.

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: Douglas Anthony Haines

Signature: *Douglas Anthony Haines*

Name: *(please type)* Douglas Haines

Title: Owner

Date: 7-15-08

PROJECT TYPE

- Ownership Housing

Ownership Units

- Rental Housing

Rental Units

- Second Dwelling Units

New Construction of Second Units in a New Subdivision

New Construction of Second Units on an existing homeowners property

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

- evidence of current ownership

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 Offset requested.
3. **Project Description:** Describe the type of project and scope of activity being proposed, indicating:
 - Type of housing being developed (new construction, rental or homeownership)
 - 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.

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:

1a. Co-Partner

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

1b. Owner:

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

2. Attorney:

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

3. Contractor:

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

*Indicate by asterisk any identity of interest among the development team members.

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: 3/19/98
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: _____ 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

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 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 identified 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.

Property was purchased in March 1998 by Orlando & Angela Haines. In 2006 Doug HAINES was added to a new loan & deed.

All monthly payments and improvements to property are made by Doug. An equity line of credit was obtained in Dec 2007 by Doug for the purpose of finishing the project. Orlando and Angela Haines reside in San Jose, own their home, and do not plan to relocate to this area.

Future plans include a separate, 1-bedroom granny flat above the garage. Permitted septic and separate electric meter are already in place. The unit is for rental to a low income household. Rent would be around \$700/mo. The current permit is for a storage area which includes a deck and a bathroom. The exterior is complete; the interior is almost complete. The addition of a kitchen and bedroom with a closet would make it livable. The unit is approximately 180 ft from the main house, which is my permanent residence.

Doug Haines

RESIDENTIAL

10/21/2004

BUILDING

EXPAND

ACCESSORY BUILDING

15:57:35

EL DORADO COUNTY BUILDING DEPARTMENT

PLACERVILLE 530-621-5315
SO LAKE TAHOE 530-573-3330

EL DORADO HILLS 916-941-4967 OR 530-621-5582
INSPECTIONS PLVL/EDH 530-621-5377 SLT 530-573-3330

PERMIT: 160232

APN: 098-120-19-1

JOB ADDRESS: 1544 BIG OAK RD

DIRECTIONS: MAP PAGE 221/ PLEASANT VALLEY ROAD TO RIGHT ON
OAK HILL RD. RT AT BIG OAK RD. 1/2 MILE ON LEFT, YELLOW MAILBOX.
LEFT ON ROW THEN LEFT AT Y TO PROPERTY.

APPLICANT: HAINES DOUGLAS
APPL PHONE: (530) 622-3568

APPL DATE: 09/29/2004
ISSUE DATE: 10/21/2004
EXP DATE: 10/21/2006

NOTE: HOBBY ROOM OVER DETACHED GARAGE PLUS EXPAND GARAGE.

SETBACKS: F: LS: RS R: LOT SIZE: 3.250 COUNTY ROAD: YES

Table with 6 columns: SPECIFIC USE, TYPE, AREA, SPECIFIC USE, TYPE, AREA. Rows include DECK, WORK SHOP, GARAGE.

Table with 6 columns: INSPECTION, DATE, INSPECTOR, INSPECTION, DATE, INSPECTOR. Lists various inspection items like SITE REVIEW, SETBACK, FOOTINGS, etc., with dates and inspector initials.

*existing service re connect to
inter siding

Development Services Department - Building Services
Home Building for Safety...Planning for the Future

- Building Services
- Development Services
- Planning Services
- How Do I Obtain a Permit?
- Apply for a Permit by Mail
- Inspection Requests

- Look Up...**
- Building Design Criteria
 - Climate Zone
 - Parcel Permit History
 - Permit Status**
 - Scheduled Inspections
 - Snow Load
 - Tahoe Allocations
 - Angora Fire
 - Building Industry Advisory Committee

- Building Appeals Board
- Codes & Policies
- Forms
- Fire Safe Regulations
- FI
- General Plan
- Grading
- Inks
- Master Plan Program
- Permit Fee Distribution
- Plan Review Guidelines
- Reports
- Third Party Plan Check
- Use Department Access Only

Ordinance Code

**APPLICATION OR PERMIT STATUS INQUIRY
 QUERY RESULTS**

Enter Another Application or Permit Number
 Print Page

To follow a permit status through the process, add this web page to your favorites.

Application Number	Permit			Status
	Type	Class	Use	
160232	BUILDING	EXPAND	ACCESSORY BUILDING	ISSUED

AGENCIES

Other agencies are notified of a permit application by being added to the permit computer system. Each agency works with the applicant for their requirements and then enters "REVIEWING", "APPROVED", "PROCESSED" or "NOT APPLICABLE" in the computer. Other items required before issuance are also indicated by "NEEDED" with a phone number included for assistance. Once all entries below have been **APPROVED, PROCESSED** or are **NOT APPLICABLE**, the application is ready for issuance.

Date Routed	Agency	Status Date	Application Status	Phone Number	Ext.
9/29/2004	BUILDING DEPARTMENT SITE AND PLOT	10/7/2004	APPROVED	(530) 621-5315	
9/29/2004	DEPARTMENT OF TRANSPORTATION ENCROACHMENT	10/12/2004	NOT APPLICABLE	(530) 621-5941	
9/29/2004	BUILDING - GRADING AND ENCROACHMENT	10/7/2004	APPROVED	(530) 621-5315	
9/29/2004	ENVIRONMENTAL MANAGEMENT	10/20/2004	APPROVED	(530) 621-5300	
9/29/2004	PLAN CHECKER	10/7/2004	APPROVED	(530) 621-5315	
9/29/2004	TRAFFIC IMPACT MITIGATION FEES	10/12/2004	NOT APPLICABLE	(530) 621-5941	
10/20/2004	OFFICE OF EDUCATION	10/21/2004	APPROVED	(530) 295-2202	
8/14/2006	ENVIRONMENTAL	10/5/2006	APPROVED	(530) 621-	

	MANAGEMENT			5300	
8/14/2006	PLAN CHECKER REVISION	8/28/2006	APPROVED	(530) -625	5315
8/15/2006	PLANNING DEPARTMENT - PVL - T&M	8/17/2006	APPROVED	(530) 621-5355	
8/28/2006	TRAFFIC IMPACT MITIGATION FEES	8/28/2006	APPROVED	(530) 621-5941	
9/7/2006	EL DORADO IRRIGATION DISTRICT	9/12/2006	NOT APPLICABLE	(530) 622-4513	
9/7/2006	OFFICE OF EDUCATION	10/11/2006	NOT APPLICABLE	(530) 295-2202	
10/5/2006	TRAFFIC IMPACT MITIGATION FEES	10/5/2006	NOT APPLICABLE	(530) 621-5941	

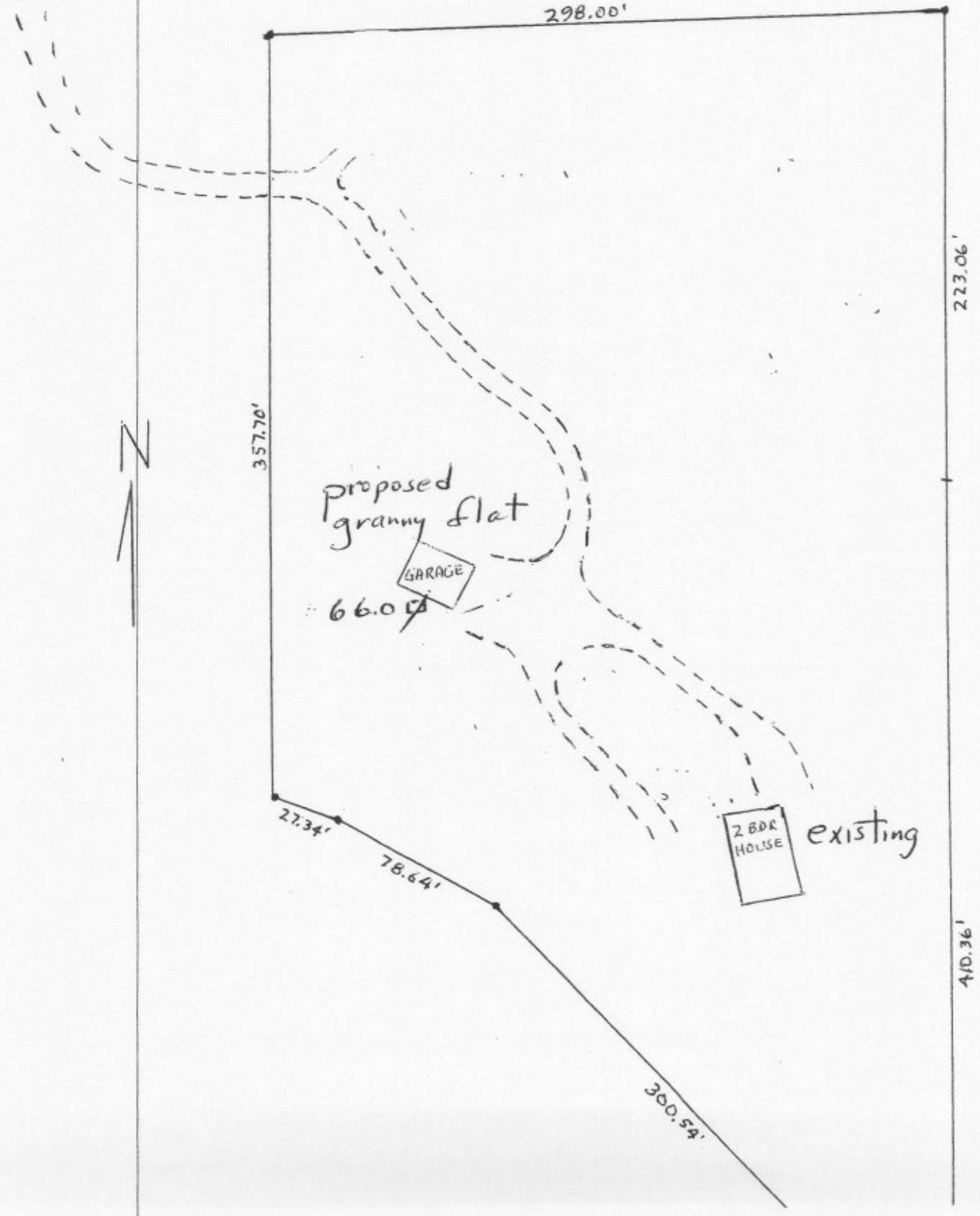
FEES

Applicable fees are entered by each agency as they approve the application. If an agency listed above is still in the "NEEDED" OR "REVIEWING" status, additional fees may be added to the table below. **The school district fees applicable for this permit are not included in the table below.**

Fee Type	Agency	Amount	Payment
BLD FEE-TIM	BUILDING DEPARTMENT - PLACERVILLE	\$200.60	\$605.11
BLD FEE-TIM-AD	BUILDING DEPARTMENT - PLACERVILLE	\$404.51	\$144.34
DOT 04GP HWY50 TIM	TRAFFIC IMPACT MITIGATION FEES HWY 50	\$0.00	\$0.00
DOT 04GP TIM ZN 1-7	TRAFFIC IMPACT MITIGATION FEES	\$0.00	\$0.00
PLAN CHECK - D.O.T.	DEPARTMENT OF TRANSPORTATION	\$1.00	\$1.00
PLAN CHECK REV 1ST	BUILDING DEPARTMENT - PLACERVILLE	\$100.00	\$100.00
PLAN CHECK REV 2ND	BUILDING DEPARTMENT - PLACERVILLE	\$100.00	\$100.00
RENEW PERMIT	BUILDING DEPARTMENT - PLACERVILLE	\$50.43	\$50.43
RENEWAL-2ND	BUILDING DEPARTMENT - PLACERVILLE	\$100.00	\$100.00
SEPTIC-MISC. REV-1ST	ENVIRONMENTAL MANAGEMENT	\$50.00	\$50.00
SMIP	STRONG MOTION INST.	\$6.72	\$6.72
SMIP - ADDNL	STRONG MOTION INST.	\$1.60	\$1.60

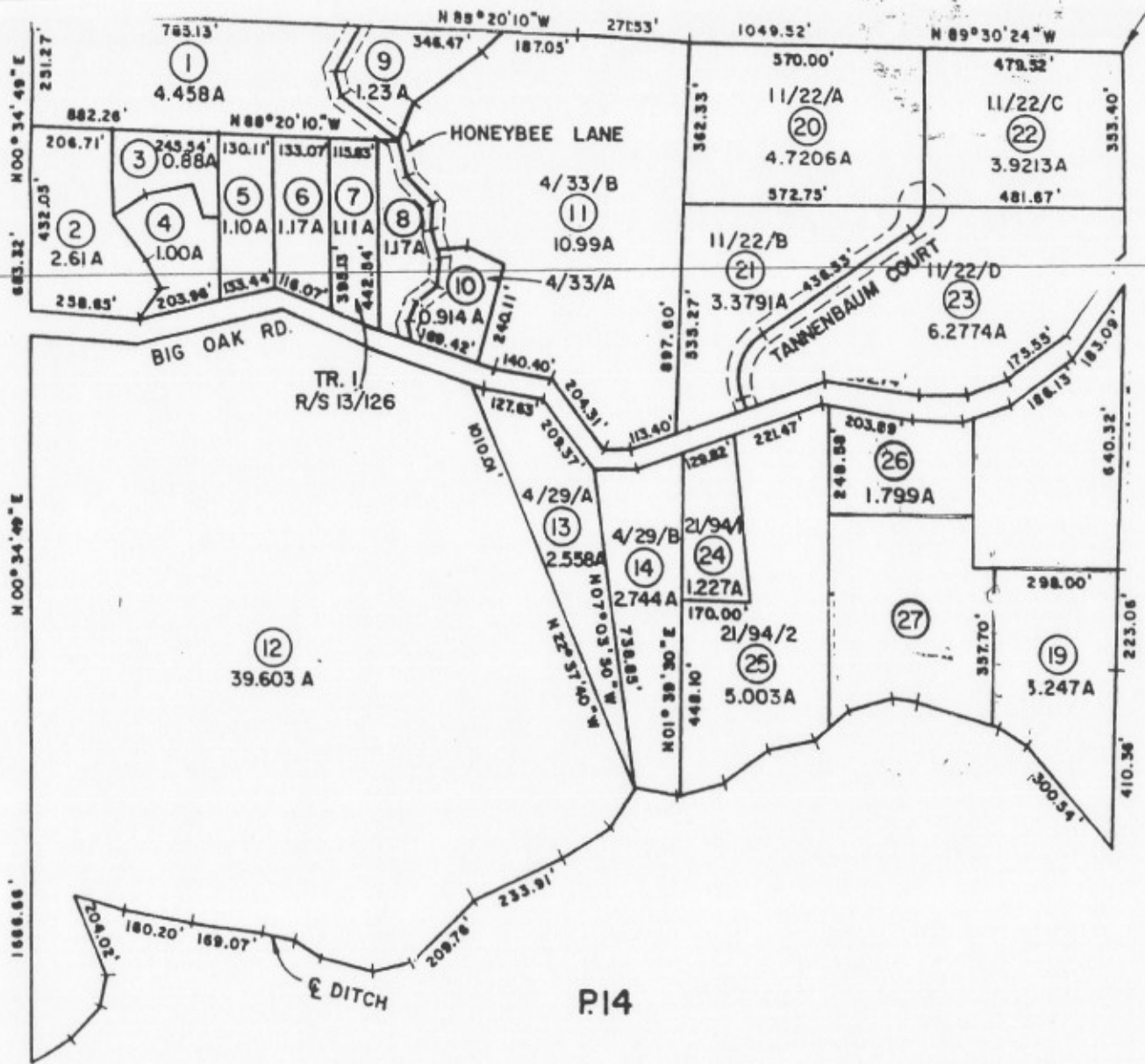
JOB: HAINES
APN: 098-120-191
SCALE: 1"=50'

↑ To Big Oak Rd.



410.36'

P.09



P.14