

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

SECTION 1 – APPLICATION SUMMARY

Project Name: Bishop

Project Location: CAMINO

Project Address (if unavailable - parcel #): 3560 Halcon Road Camino, CA 95709

Developer Name: _____

Developer Address: _____

Contact Name: Mark Bishop

Phone: (530) 647-0748 Fax: (530) 622-8655

Email Address: mcbish@starband.net

Anticipated date of project completion: Fall 2009

TOTAL PROJECT COST \$ 163,345

TIM FEE OFFSET REQUEST Total Offset \$ 10,320 Per Unit Offset \$ 10,320

Total Number of Units 1
 Number of Low & Moderate Income Households 1
 Total Estimated Cost/Unit \$ 163,345
 TIM Fee Offset (per unit) \$ 10,320

2008 HUD Income Limits

Household size		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low Income	<u>30%</u>	\$14,900	\$17,050	\$19,150	\$21,300	\$23,000	\$24,700
Very Low Income	<u>50%</u>	\$24,850	\$28,400	\$31,950	\$35,500	\$38,350	\$41,200
Low Income	<u>80%</u>	\$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 _____ or _____ for current limits.

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

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: (____) ____ - _____

none

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: Robin McAtee + Mark Bishop (Husband + Wife)
Address: Mark Bishop
3560 Halcon Road Camino, CA 95709
E-Mail Address: mcbish@starband.net
Phone: (530) 647-0748 FAX: (530) 622-8655

2. Attorney:

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

3. Contractor:

Contact: Mark Bishop
Address: Mark Bishop
3560 Halcon Road Camino, CA 95709
E-Mail Address: mcbish@starband.net
Phone: (530) 306-7480 FAX: (530) 622-8655

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.

If no, describe the plan for attaining site control:

Total Cost of Land: \$ 170,000⁰⁰ Site area size: 44 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 to be installed

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

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.

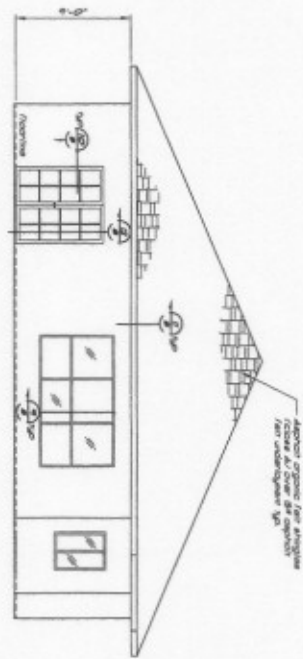
The undersigned also hereby certifies that the governing body of the Applicant has formally authorized the undersigned to execute the documents necessary to make this Application.

Legal Name of Applicant: MARK BISHOP
Signature: Mark Bishop
Name: *(please type)* _____
Title: OWNER
Date: 7-8-08

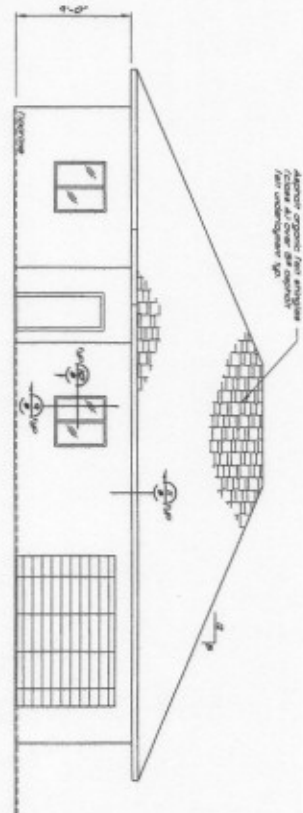
Project Summary for :
Bishop Residence
3560 Halcon Rd Camino, Calif.

Project Developer: Mark Bishop

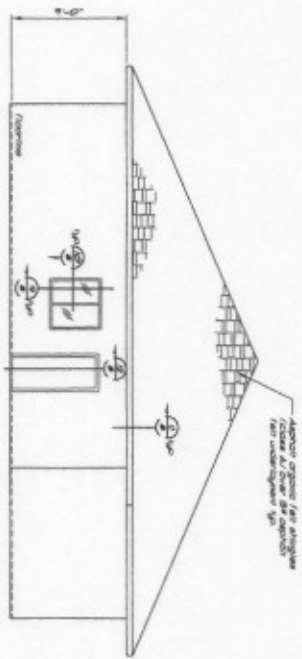
This project is a new construction of a second dwelling. It will be a 1200 Sq/ Ft single story energy efficient home. This home will provide safe and accessible housing for a low income, single, elderly father. His income consists of \$977/mo. from an annuity and \$1300/mo. from social security.



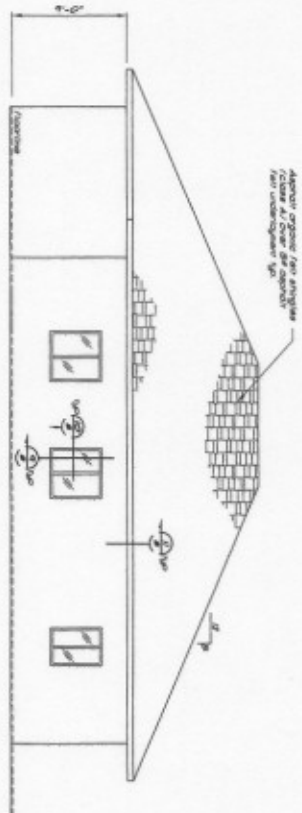
South Elevation — 1/4" = 1'-0"



East Elevation — 1/4" = 1'-0"



North Elevation — 1/4" = 1'-0"



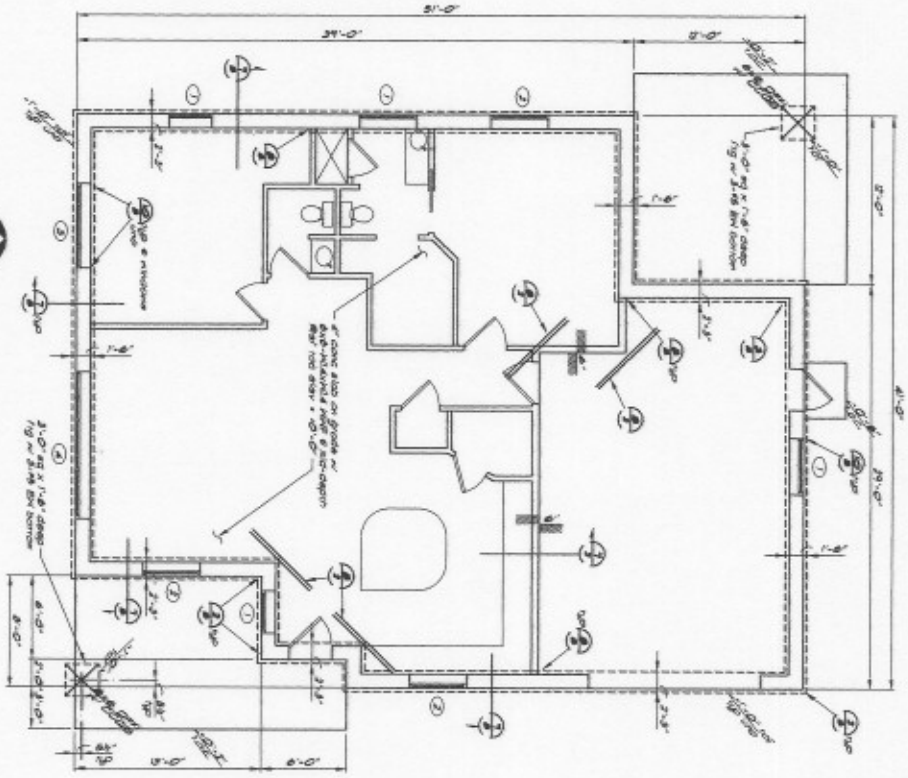
West Elevation — 1/4" = 1'-0"

L. BISHOP RESIDENCE

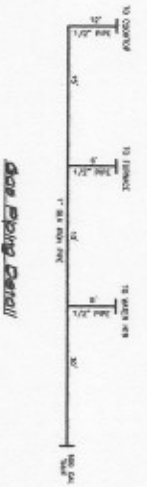
3560 HALCON ROAD
CAMINO CALIFORNIA

ELEVATIONS

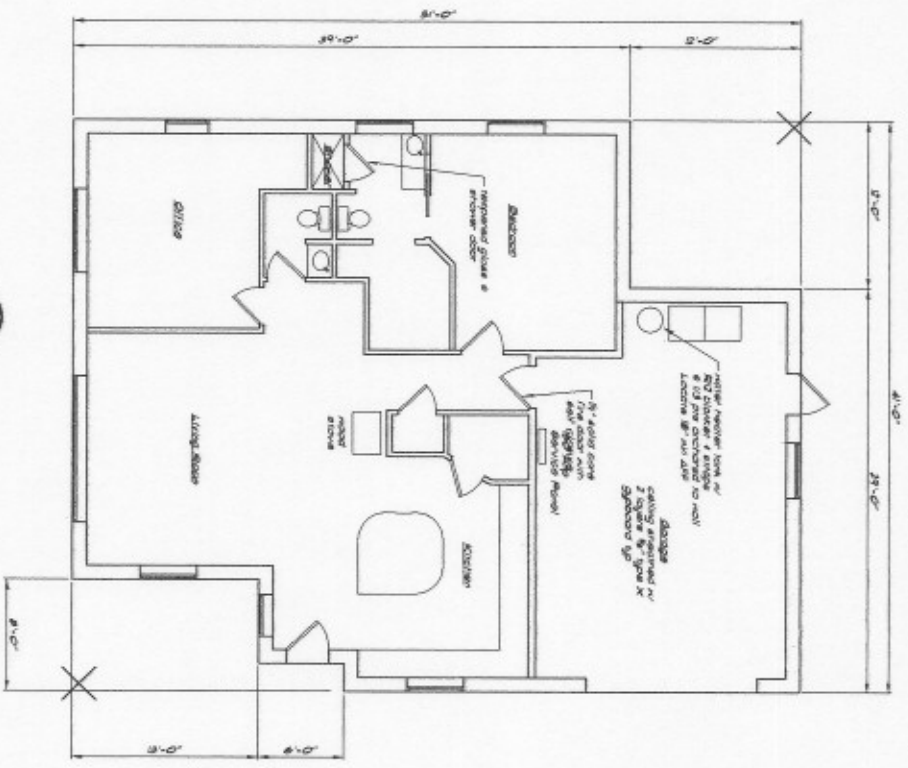
NO. 19, 2008
DATE
REVISION
NO. 19, 2008
DATE
REVISION



Foundation Plan — 1/4" = 1'-0"



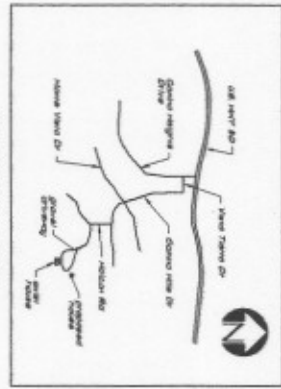
Door Swing Detail



Floor Plan — 1/4" = 1'-0"

- NOTES:**
1. ALL STRUCTURE SHALL BE MADE OF 2" DIA. STEEL PIPE (8" NET CONCRETE STRUCTURE) MANUFACTURED BY ARROW BRIDGE SYSTEMS, INC. (200) AND SET ON GRADE EXCEPT WHERE SHOWN OTHERWISE.
 2. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
 3. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
 4. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
 5. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
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 8. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
 9. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.
 10. PROVIDE 1/2" ALUMINUM FINISHING OR FINISH.

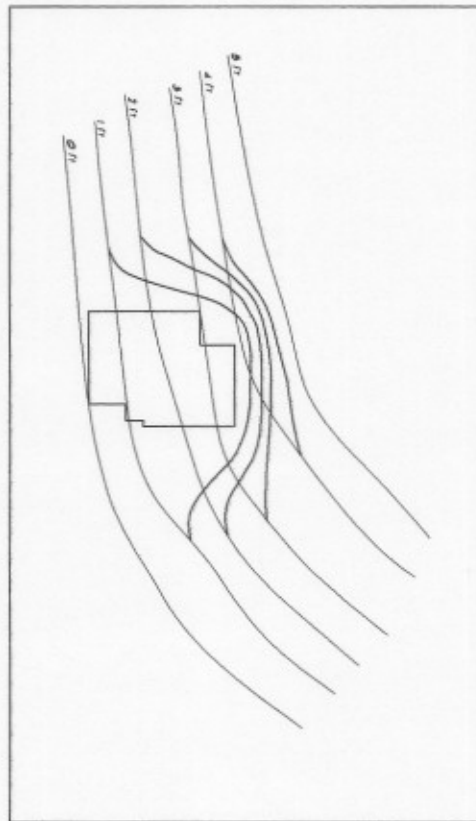
Window Schedule		
No.	Size	Type
1	3'-0" x 4'-6"	casement
2	4'-0" x 4'-6"	casement
3	4'-0" x 4'-6"	fixed
4	10'-0" x 4'-6"	fixed



VICINITY MAP



Site Plan — 1" = 200'-0"



Grading Plan — 1" = 20'-0"