

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

**SECTION 1 – APPLICATION SUMMARY**

Project Name: GRANNY FLAT  
 Project Location: 5195 OVERLAND WAY PLACERVILLE CA 95667  
 Project Address (if unavailable - parcel #): SAME  
 Developer Name: Bill Boyles  
 Developer Address: P.O. Box 441 POLLOCK PINES, CA. 95726  
 Contact Name: Bill Boyles  
 Phone: (530) 644-4289 Fax: (530) 644-1545  
 Email Address: \_\_\_\_\_  
 Anticipated date of project completion: 12.08

**TOTAL PROJECT COST** \$ \$95,000

**TIM FEE OFFSET REQUEST** Total Offset \$ \$14,100 Per Unit Offset \$ \_\_\_\_\_

Total Number of Units 1  
 Number of Low & Moderate Income Households 1  
 Total Estimated Cost/Unit \$ \_\_\_\_\_  
 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	<b>\$21,300</b>	\$23,000	\$24,700
Very Low Income	50%	\$24,850	\$28,400	\$31,950	<b>\$35,500</b>	\$38,350	\$41,200
Low Income	80%	\$39,750	\$45,450	\$51,100	<b>\$56,800</b>	\$61,350	\$65,900
Moderate Income	80% to 120%	\$59,600	\$68,200	\$76,700	<b>\$85,200</b>	\$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.

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 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: William E. Broyles  
Signature: William E. Broyles  
Name: (please type) William E. Broyles  
Title: Owner  
Date: 7-14-08

## 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: *XIA* \_\_\_\_\_  
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: N/A  
E-Mail Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### 1b. Owner:

Contact: Bill Broyles  
Address: SAME  
Address: P.O. BOX 441 POLLOCK PINES, CA 95726  
E-Mail Address: \_\_\_\_\_  
Phone: (530) 644-4289 FAX: (530) 644-1545

### 2. Attorney:

Contact: \_\_\_\_\_  
Address: N/A  
E-Mail Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### 3. Contractor:

Contact: \_\_\_\_\_  
Address: SELF  
E-Mail Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### 4. Architect:

Contact: GERONDAKIS DRAFTING  
Address: PHILLIP GERONDAKIS  
Address: 3810 TOBoggAN Rd. POLLOCK PINES CA 95726  
E-Mail Address: \_\_\_\_\_  
Phone: (530) 903-0236 FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### 5. Management Agent:

Contact: \_\_\_\_\_  
Address: N/A  
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: 06 / 1 / 2004  
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: \$ NA Site area size: .89 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: \_\_\_\_\_

*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.



TO: C.J. Free Land

7-15-08

FROM: Bill Broyles

The granny flat I would like to build is 1176 Square Feet IT HAS 2 Bedrooms And 2 Bathrooms. THIS BUILDING WILL BE BUILT FROM SCRAP. My mother WHO IS 85 YEARS OLD IS BEING FORCED TO MOVE OUT OF HER HOME IN COWHITTIE CR. OVER A PROPERTY DISPUTE. My mother IS ON A FIXED LOW INCOME PLANS HAVE BEEN APPROVED BY THE BUILDING DEPT. I WOULD LIKE TO HAVE THIS PROJECT COMPLETED BY 12-08.

APPLICATION # 181095-1

THANK YOU  
Bill Broyles