

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

**SECTION 1 - APPLICATION SUMMARY**

Project Name: Bob Vreaken  
 Project Location: 369 Diana St Placerille  
 TIM Fee Zone: #3  
 Project Address: 369 Diana St  
 Parcel Number: 321 180 07  
 Developer Name: Senora Family Const.  
 Developer Address: 4470 Sky Park  
 Contact Name: Jeff Senora  
 Phone: (530) 644-3889 Fax: (530) 644-6674  
 Email Address: \_\_\_\_\_

Anticipated date of project completion: 4-1-10  
**TOTAL PROJECT COST** \$ 186K Cost per Unit: \$ \_\_\_\_\_  
**TOTAL NUMBER OF UNITS** 1 Total Affordable Units 1  
**TIM FEE OFFSET REQUEST** \$ 27100 Per Unit Offset \$ \_\_\_\_\_  
**TARGET INCOME GROUP(S):** Median Income  
**AFFORDABILITY LEVEL:**  20 years  15 years  10 years

Income Category - Target Income Groups 2009 County Income Limits*		Number of Persons in Household					
		1	2	3	4	5	6
Extremely Low	<30% MFI	\$15,300	\$17,500	\$19,650	<b>\$21,850</b>	\$23,600	\$25,350
Very Low Income	<50% MFI	\$25,500	\$29,100	\$32,750	<b>\$36,400</b>	\$39,300	\$42,200
Low Income	<80% MFI	\$40,800	\$46,600	\$52,450	<b>\$58,250</b>	\$62,900	\$67,550
Moderate Income	<120% MFI	\$61,150	\$69,900	\$78,600	<b>\$87,350</b>	\$94,350	\$101,350
Median Income		\$50,950	\$58,250	\$65,500	<b>\$72,800</b>	\$78,600	\$84,450

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 \*  
 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: 100  
 Target Income Group: Median

Table 2 Second Units			
Existing Homeowner building a 2 <sup>nd</sup> 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%		

## 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: ROBERT W. VREEKAN  
Signature: Robert W. Vreekan  
Name: (please type) ROBERT W. VREEKAN  
Title: OWNER  
Date: 12-21-09  
Phone: 530-622-1666  
Fax: \_\_\_\_\_  
Email Address: JACNBOB@INTEC.NET48.COM  
Mailing Address: 365 DIANAST  
PLACERVILLE CA 95667

## **SECTION 3 – PROJECT/PROGRAM NARRATIVE**

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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)

Robert Vreeken  
369 Diana St.  
Placerville, CA 95667  
(530) 622-1666

To Whom It May Concern:

I am applying to have TIM fees waived for an additional 1200 square foot unit I am building on my property at 369 Diana St, Placerville. This unit is being constructed to provide housing for my future care taker, who satisfies the low-income requirement of earning less than \$50,950.

Since the death of my wife, Jackie Vreeken, I now require additional help to remain in my home. I am recovering from colon cancer and have mobility problems due to arthritis. The onset of macular degeneration will soon require me to have ongoing care.

# Section # 3

## Project Summary:

# 2

Project name

Robert W. Vreeland

369 Diana St

Placerville, Calif.

Contractor

Senota Family Const.

4470 Sly Park Rd

Pollen Pines, CA

Lic # 375478

We are Building 1 (one) 1200 sq ft Home so Bob's Daughter can move in and help Bob out. The total Contract Price for the Home is \$187,500 -

We are Requesting a 100% Tim Fee offset

# 3

We are Building from the ground up a New 1200 sq ft with attach Garage new Septic System 2nd Home on Property

So His Daughter can Wk out.

this 1200 sq ft Home has 2 Bedroom  
2 Baths. we Believe with His Daughter's  
income we are able to get 100% offset

the street address is

368 Dava St  
Placerville, Ca  
95667

#4 Tim Table

the Building Permit is in the Building  
Dept for Placerville now we are hoping  
to get started in Feb. of 2010.  
and be finished by May of 2010. If the  
Tim fees were waived earlier we would  
start sooner. this Home is Being Built on  
Cash

\*7

Builder & Developer

Senora Family Coast.

4470 Sky Park Rd

Portoak Pines Ca

95724

530 644 3939 Home

530 417 1823 Cell

530 644 5674 Fax

Senora @ cw net . com

Person I'll be free to call  
with any questions on Behalf of  
Mr Nuckem Thank you CS for  
all your hard work in helping us

Thanks  




## 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:**

*Bob Vreken*  
 Contact: \_\_\_\_\_  
 Address: *369 Diana St Placerville*  
 E-Mail Address: \_\_\_\_\_  
 Phone: *(930) 622-1446* FAX: ( ) - -

**2. Attorney:**

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

**3. Contractor:**

*Santa Family Const.*  
 Contact: *Jeff Smith*  
 Address: *4470 Sky Park Potosi Pines*  
 E-Mail Address: \_\_\_\_\_  
 Phone: *(930) 644-3439* FAX: *(930) 644-6674*

**4. Architect:**

*Dick Muller*  
 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.

**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: \_\_\_/\_\_\_/\_\_\_  
 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: \$ \_\_\_\_\_ 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: \_\_\_\_\_



DIANA ST -

369

