## County of El Dorado

Traffic Impact Mitigation (TIM) Fee
Offset Program for Developments With Affordable Housing

## SECTION 1 - APPLICATION SUMMARY

## Project Nam: Gaucher Second Hm . <br> Project Location: <br>  <br> TIM Fee Zone: <br> $\qquad$ <br> Project Address: <br> 

Parcel Number: $077-431-46-100$
Developer Name: Owner builder
Developer Addre

$\qquad$ Placerville CA 95667 Contact Name:

Phone: 916
Email Address:
 24-7191 Fax: ) $\qquad$ - $\qquad$


Anticipated date of project completion:
Cost per Unit: $\$$ $\qquad$

TOTAL PROJECT COST


## TOTAL NUMBER OF UNITS

 TIM FEE OFFSET REQUEST
## $=17,600$

 Total Affordable Units $\qquad$TARGET INCOME GROUPS):

$\qquad$ TARGET INCOME GROUPS) AFFORDABILITY LEVEL:


20 years $\qquad$ 15 years $\qquad$ 10 years


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.

| CASE CATG ST COMMISSION | REMARK |  |
| :--- | :--- | :--- |
| DOT1 TIM5 | T.I.M. FEES | DOT TIM FEE |
| ECOP MIT2 | RARE PLANT PRESERVES | MITIGATION AREA 2 |
| FIRE VHGH | FIRE REGULATION REVIEW | VERY HIGH HAZARD GI004281 |
| RAZ 2-5 | STATE TIM FEE-RAZ 2-5 | STATE TIM FEE - RAZ 2-5 |
| SDES CATC | SEISMIC DESIGN CATEGORY | SEISMIC DSGN CATG C M\#4593_CD |
| TIM CNTL | HWY 50 VARIABLE T.I.M. | T.I.M. CENTRAL DISTRICT |
| TIMG ZON6 | HWY 50 T.I.M. | T.I.M ZONE 6 |

LMC198A
F1=HELP 2=CLR 3=QUIT 7/8=SCROLL $\mathrm{S7} / 8=\mathrm{PREV} / \mathrm{NEXT}$ F9=T99 F10=T07 11=L10 12=EXIT

## PROJECT TYPE

- Ownership Housing
$\qquad$ Ownership Units * Target Income Group:
Affordability Level in Years: $\qquad$
- Rental Housing


## Rental Units **

Target Income Group:
Affordability Level in years:_ 20 yr. min. Percent of TIM Offset: $\qquad$
Table 1
TIM Fee Offset
*Applies to Ownership Units

| *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.)
$X^{-}$
New Construction of Second Unit on Owner Occupied Property
$\qquad$ Level of Affordability in Years: 20 Percent of TIM Offset

$\qquad$ Target Income Group: $\qquad$

| Table 2 Second Units |  |  |  |
| :---: | :---: | :---: | :---: |
| Existing Homeowner building a $2^{\text {nd }}$ Unit |  | New Construction |  |
| Length of Affordability | \% of TIM Offset | Length of Affordability | \% of TIM Offset |
| 20 years | 100\% |  |  |
| 15 years | 75\% | let less than 20 | 100\% |
| 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
- if a corporation, Articles of Incorporation and by-laws; if a partnership, Partnership Agreement and, if applicable, Certificate of Limited Partnership

2 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:


Title:
Date:
Phone:
Signature:
Name: (please type)
$\qquad$


Fax:
Email Address:


Mailing Address:

Section $3 \# 2$
Dear Tim Fee Off set Planning People. were trying to build a granny flat on my parents property at 4200 Snows Rd Placerville CA 95le67. The reason for this is as follows my father has cancer, so my II yr. old already Lives there so he can spend every minute of everyday with his papa. And I also need to be there so when he gets sick I can take care of him and when well you know. I can be there for my mom and son to help take care of them and the land. The Project Name wile be goucher Second tm. the developer is going to De me were gonna do an owner builder. Its gonna be 1 unit the tottall project cost io $50000^{\circ} 10.1066_{0}$ eispicichue

Section 3\#3
Its going to be a New Construction, owner builder occupied secondurit
The Unit size 1200\% I Bed Room and owner occupied
The property is owned by my parents Daniel \& Beverly Goucher
\#4 Location Map of parcel Included
\# 5 owner builder out of pocket permits, Utilities, Materials
\# Time Line as poon as were aproved were gonna go to permits once out of permits start building around aye isth.
\#n No Developer No Business primary contact person
Kristie gaucher
4200 snows Rd
Placeievillé CA 95667
9162247191
9167761668
KRistic Cornet 4@yAhoowcom

## 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?

$$
\text { XYes } \quad \text { No }
$$

## PART B - SITE CONTROL

1. Does Applicant have site control? If yes, form of control: XDeed

XYes
Date acquired: $\qquad$ /__1 No
$\square$ Contract
Expiration Date of Contract: $\qquad$ 1

- Option to Purchase Expiration Date of Option: $\qquad$ 1__1 1 (Include copy of Statement of Intent from current site owner)

If no, describe the plan for attaining site control:
$\qquad$
$\qquad$

Total Cost of Land: \$ $\qquad$ Site area size: $\qquad$ acres or sq. ft.

Seller's Name:
Address:
City:
Phone:


FAX: (__ ) - $\qquad$
2. Is the seller related to the Developer?

- Yes
$\square$ No


## PART C - ZONING AND UTILITIES

1. Is the site properly zoned for your development? خ y Yes $\square$ No If no, is site currently in process of rezoning? $\quad$ Yes $\quad$ No When is the zoning issue expected to be resolved? $\qquad$ Explain:
$\qquad$
$\qquad$
2. Are utilities presently available to the site? No If no, which utilities need to be brought to the site: .. Electric .Water , Phone . Gas . Sewer a Other: __


ITOWN RD


