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

SECTION 1 - APPLICATION SUMMARY

| Project Name: GO | icher | Sec | and | Hm | | | | |
|---|-------------------------------|--------------|----------------|--|----------------------|---------------|----------------------|---|
| 10 | 1000 C = 01 Di 11/1000 CC 117 | | | | | | | |
| Project Location: | <u>UU 21</u> | <u>uono</u> | <u>Kali</u> | Macen | NU-C | A 951 | ωU | |
| TIM Fee Zone: | | | | | | | | |
| Project Address: | - N | evoto | wn F | 2d P1 | acerv | ine CA | <u> 19566</u> | 7 |
| Parcel Number: 077 | 431 | -46- | 100 | | | | | |
| Developer Name: OW | nes_ | Bull | ler_ | | | | | |
| Developer Address: | DS SY | <u>1000S</u> | Rd | Place | Wille | DAC | 1566) | } |
| Contact Name: | tu Y | Jouch | | | | | | |
| Phone: (916) 224- | <u> 119) (</u> |) Fax: | () | - | | | | |
| Email Address: Kris | Helon | bett | 400 | jaho. | Com |) | | |
| Anticipated date of projec | t completior | 1: <u>JU</u> | Jy 1º | <u>5,201</u> | 0 | | | |
| TOTAL PROJECT CO | ST | <u>\$()</u> | 50,0 | $\overline{\mathcal{O}}_{\omega_2}^{-}$ cc | ost per Unit | : \$ | | |
| TOTAL NUMBER OF UNITS Total Affordable Units | | | | | | | | |
| TIM FEE OFFSET REQUEST \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | | | |
| TARGET INCOME GROUP(S): EXTREMELY LOW - VERY LOW | | | | | | | | |
| AFFORDABILITY LEVEL: 20 years 15 years 10 years | | | | | | | | |
| | | | | | | | | |
| Income Category - Target Incor 2010 County Income Limits* | ne Groups | 1 | N ₁ | umber of Perso | | | | |
| Extremely Low | <30% MFI | \$15,400 | \$17,600 | 3 \$19,800 | 4 \$21,950 | 5 \$23,750 | 6 \$25,500 | |
| Very Low Income | <50% MFI | \$25,600 | \$29,250 | \$32,900 | \$21,950 \$36,550 | \$39,500 | \$25,500 \$42,400 | |
| Low Income | <80% MFI | \$40,950 | \$46,800 | \$52,650 | \$58,500 | \$63,200 | \$67,900 | • |
| Moderate Income | <120% MFI | \$61,400 | \$70,150 | \$78,950 | \$87,700 | \$94,700 | \$101,750 | |
| Median Income | | \$51,150 | \$58,500 | \$65,800 | \$73,100 | \$78,950 | \$84,800 | |
| * HIID Income Limits effect | VP 5/14/10 | | - | | | | | |

Note: HUD Income Limits change annually. Visit http://www.huduser.org/datasets/il.html or http://ww

PARCEL: 077 431 46 1 SITUS: 4200 SNOWS

RD

CASE CATG ST COMMISSION

DOT1 TIM5 T.I.M. FEES

ECOP MIT2 RARE PLANT PRESERVES
FIRE VHGH FIRE REGULATION REVIEW

RAZ 2-5 STATE TIM FEE-RAZ 2-5

SDES CATC SEISMIC DESIGN CATEGORY

TIM CNTL HWY 50 VARIABLE T.I.M.

T.I.M. CENTRAL DISTRICT

TIMG ZON6 HWY 50 T.I.M.

REMARK

DOT TIM FEE

MITIGATION AREA 2

VERY HIGH HAZARD G1004281

STATE TIM FEE - RAZ 2-5

SEISMIC DSGN CATG C M#4593_CD

T.I.M. CENTRAL DISTRICT

T.I.M. ZONE 6

LMC198A

F1=HELP 2=CLR 3=QUIT 7/8=SCROLL S7/8=PREV/NEXT F9=T99 F10=T07 11=L10 12=EXIT

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 TIM Fee (| _ | |
|---------------------|--------------------|--------------|----------|
| | *Applies to Own | ership Units | |
| Affordability Level | Very Low | Low | Moderate |
| 20 years | 100% | 75% | 25% |
| 15 years | 75% | 50% | 0% |
| 10 years | 50% | 25% | 0% |
| | **Applies to R | ental 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 | · ~ - (C) |
| | Level of Affordability in Years: 20 Percent of TIM Offset: | <u>100</u> 0% |
| | Target Income Group: | |

| Table 2 Second Units | | | | |
|---|-----------------|-------------------------|-----------------|--|
| Existing Homeowner building a 2 nd Unit New Construction | | | | |
| Length of Affordability | % of TIM Offset | Length of Affordability | % of TIM Offset | |
| 20 years | 100% | | | |
| 15 years | 75% | Not less than 20 | 100% | |
| 10 years | 50% | . years | | |

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 (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: | Knistic Marie Goucher |
|--------------------------|-------------------------------|
| Signature: | Kristio Goucher |
| Name: (please type) | |
| Title: | |
| Date: | 7/15/10 |
| Phone: | (916) 224-7191 |
| Fax: | |
| Email Address: | KRISTIC Corbett 4 @ yahoo.com |
| Mailing Address: | 4200 Snows Rd |
| | Placerville CA 956007 |
| | |

Section 3#2 Dear Tim Ree Offset Planning People. were truying to build a granny flat on my parents properly at 21200 Snows Rd Placerville CA 95667. The Mason for this is as follows my father has cancer, somy 11 yr, old already Lives there Do 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 core 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 Mame will be youcher Gecord Hm. the developer is going to be me were gonna do an owner builder. Its goma be I unit the time and cost inst 17 large 10-1064 bigging

Section 3#3 Its going to be a New Construction, OWNER builder occupied Secondunit The Unit Size 1200 F 1 Bed Room and owner occupied The property is owned by my parents Daniel & Beverly Goucher #44 Location Map of parcel Included #5 owner builder out of pocket permits, Utilities, Materials # to time line as 8000 as were aproved were gonna go to permits once out of Permits Start building around a yr wh. #7 NO Developer NO Business primary contact person Bristie Goucher 4200 SNOWS Rd Placerville CA 95667 9162247191 9167761668 KRISTIC Corpett 4@ yAhoo.com

10-1064.D.7 of 10

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.

| PAR | RT A — GENERAL S | ITE INFORMATIO | ON | | |
|--|--|----------------------------|------------------------|---------------------------------------|--|
| Has a site been determined for this project? | | ≵ Yes | □ No | | |
| PAR | T B – SITE CONT | ROL | | | |
| 1. Do | oes Applicant have sit | e control? | ra(Yes | □ No | |
| If ' | yes, form of control: | ∡ Deed | Date acquired:/ | 1 | |
| | | . □ Contract | Expiration Date of Co | | |
| | | □ Option to Purcha | - | , , , , , , , , , , , , , , , , , , , | |
| | | • | Option: / / | | |
| | | • | atement of Intent from | | |
| | | (Include copy of 3t | atement of Intent hom | current site owner) | |
| If | no, describe the plan | for attaining site con | trol: | | |
| | | | | | |
| | | | | | |
| *************************************** | | | | | |
| | | | | | |
| Total | Cost of Land: \$ | Site area | size: acı | res or sq. ft. | |
| | | | | · | |
| | 's Name: | | | | |
| Addre | ess: | | | | |
| City: Phone | a· | | FAX: () | | |
| riione | E. (/ | " | | · | |
| 2. Is | the seller related to | the Developer? | □ Yes | □ No | |
| | | · | | | |
| | T C 305510 41 | IN 11771 TTTEA | | | |
| | To the site preparts | | onmont2 \\/ | NI. | |
| 1. | | zoned for your development | | □ No □ 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 present | ly available to the site | e? 💥 Ye- | .No | |
| | | , | | ,,,,, | |
| | | need to be brought | to the site: | | |
| | Flectric Wat | ter Phone | Gas Sawer | □ Other: | |



