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

## SECTION 1 - APPLICATION SUMMARY

Project Name: Dianda: Evelina SDU.
Project Location: $\frac{3350}{3 \text { ix }}$ Frosty $L_{n}, ~ P, V, 95 K d 7$
TIM Fee Zone: $\qquad$
Project Address:
3350 Frosty Lm, Pill. 95667
Parcel Number:

## 32504005100

contractor

- Development Name: Jeff Pecota

Contruter
Contact Name:


Phone: 530 ) 306 - 9750 Fax: $(530) 677.4365$
Email Address:

## Pecotacomstorad.comm

Anticipated date of project completion: $\square$
TOTAL PROJECT COST
TOTAL NUMBER OF UNITS
 Cost per Unit: \$ 94,020
$\qquad$ Total Affordable Units $\qquad$
TIM FEE OFFSET REQUEST
$\$ 27.180$ Per Unit Offset \$ $\qquad$
TARGET INCOME GROUPS):


AFFORDABILITY LEVEL:


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


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.

## County of El Dorado

330 Fair Lane
Placerville, CA 95667
(530) 621-5390
(530) 622-3645 Fax

SUZANNE ALLEN DE SANCHEZ
Clerk of the Board


Board of Supervisors
JOHN R. KNIGHT District I
RAY NUTTING District II
JAMES R. SWEENEY District III RON BRIGGS District IV
NORMA SANTIAGO District V

August 5, 2010

Mr. Daniel Nielson
Director, Department of Human Services
County of El Dorado
3057 Briw Road
Placerville, CA 95667
RE: TIM Fee Offset Program - Evalina Dianda
Dear Daniel: Darne"
I respectfully request that the application for the Traffic Impact Mitigation (TIM) Fee Offset Program submitted by Ms. Evalina Dianda be included for consideration for the current funding cycle. I understand that the deadline to submit applications for the current cycle did close on July 15, 2010; however, Ms. Dianda's situation is of a time-sensitive nature.

I appreciate your consideration in this matter.


El Dorado County Board of Supervisors
cc: Cynthia Kjellin, Program Manager

PARCEL: 325040051 SITUS: 3350 FROSTY LN

| CASE CATG ST COMMISSION | REMARK |  |
| :--- | :--- | :--- |
| DOT1 TIM5 | T.I.M. FEES | DOT TIM FEE |
| ECOP MIT2 | RARE PLANT PRESERVES | MITIGATION AREA 2 |
| FIRE MOD | FIRE REGULATION REVIEW | MODERATE HAZARD GI004281 |
| IBC IN | IMPORTANT BIOLOGICAL CORRIDOR | IN IBC SEE MAP\#GIO03937 |
| RAZ 1 | STATE TIM FEE-RAZ 1 | STATE TIM FEE - RAZ 1 |
| SDES CATC | SEISMIC DESIGN CATEGORY | SEISMIC DSGN CATG C M\#4593_CD |
| TIMG ZON3 | HWY 50 T.I.M. | T.I.M ZONE 3 |
| TIM3 WEST | HWY 50 VARIABLE T.I.M. | T.I.M. WEST DISTRICT |

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

1
Ownership Units *
Target Income Group: Very low Affordability Level in Years: 20y yr o

- Rental Housing
_ Rental Units **
Target Income Group: $\qquad$
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
$\qquad$ (Minimum 20 year affordability for 100\% offset.)
$\qquad$ New Construction of Second Unit on Owner Occupied Property
$\qquad$ Level of Affordability in Years: $\qquad$ Percent of TIM Offset: $\qquad$
$\qquad$ Target Income Group: $\qquad$

| Table 2 <br> Second Units |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Existing Homeowner building a 2 ${ }^{\text {nd }}$ Unit |  |  |  |  | New Construction |  |
| Length of <br> Affordability | $\%$ of TIM Offset | Length of <br> Affordability | \% of TIM Offset |  |  |  |
| 20 years | $100 \%$ | Not less than 20 <br> years | $100 \%$ |  |  |  |
| 15 years | $75 \%$ |  |  |  |  |  |
| 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 $501(\mathrm{c})(4)$ 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.
Tevel +3250040.05-100


## 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.

Leas lame of foplenan: ČVELViNA A. DiAN dA
Signature:


Name: (please type) Evelina A, Panda
Title: $\qquad$
Date:
Phone: $\qquad$
Fax: $\qquad$
Email Address: $\qquad$
Mailing Address: $3350-$ FROSTY LANG

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3057 Briw Pd. Nwite $A$
Placersille C4.95067
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## 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?


## PART B - SITE CONTROL

1. Does Applicant have site control?

If yes, form of control:

$\square$ Contract
Expiration Date of Contract $\qquad$ 1

- Option to Purchase

Expiration Date of Option: $\qquad$ 1 $\qquad$
(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: Five acres or sq. ft.

Seller's Name:
Address:
City:
Phone: $\qquad$ $-$ FAX: ( $\qquad$ ) - $\qquad$
2. Is the seller related to the Developer?

- Yes

XNo

## PART C - ZONING AND UTILITIES

1. Is the site properly zoned for your development?


If no, is site currently in process of rezoning? $\qquad$ 1 Explain:
2. Are utilities presently available to the site?

KYes $\quad$ №
If no, which utilities need to be brought to the site:

- Electric
$\square$ Water
$\square$ Phone
$\square$ Gas
- Sewer
- Other: $\qquad$



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