

Submittal Checklist for

#### **INCLUSIONARY HOUSING PLAN**

This checklist should be reviewed with a Planner at the Permit Center and must be submitted with the application. Incomplete applications cannot be processed and will be returned to the applicant with a checklist specifying the items that are incomplete.

#### **MINIMUM SUBMITTAL REQUIREMENTS:**

Listed below are the minimum submittal requirements for Inclusionary Housing Plan. If the Housing Plan is submitted concurrent with an entitlement application, the submittal information may be combined under one submittal.

<ul> <li>MASTER APPLICATION (eight copies)</li> <li>a) Cover Sheet with Applicant Signature.</li> <li>b) Environmental Assessment.</li> <li>c) Tree Inventory.</li> <li>d) Taxpayer Protection Act Disclosure Form.</li> </ul>
<ul> <li>SITE PLANS (eight full size copies and four 11"X17" reductions)</li> <li>a) Applicant name, address and phone number.</li> <li>b) Project site address, north arrow and drawing scale.</li> <li>c) Property lines.</li> <li>d) Internal and external rights-of-way and any vehicular access or other easements.</li> <li>e) Existing and proposed structures with their uses labeled.</li> <li>f) Location of structures on adjacent properties and their uses.</li> <li>g) Mature trees 4 inches or more in diameter (on-site, adjacent to property lines and in public right-of-way).</li> <li>h) Yard dimensions.</li> <li>i) Topography (when applicable).</li> <li>j) Vicinity map showing ½-mile radius street system with project site highlighted (integrated at lower right hand corner of plan).</li> </ul>
OWNERSHIP VERIFICATION (one copy)  a) Copy of Grant Deed. b) Written Consent from property owner to authorize representative (if applicable).
NOTIFICATION PACKET (two sets)  a) Radius Map and Ownership List. b) Affidavit. c) Labels.
<ul><li>PHOTOS (two sets)</li><li>a) A minimum of four photos (varied angles) of the project site showing walls, trees and existing structures.</li></ul>
APPLICATION FEES
CHECKLIST FOR SPECIFIC ENTITLEMENTS & OTHER ITEMS Refer to the reverse page for additional submittal requirements.

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#### SPECIFIC HOUSING PLAN REQUIREMENTS: In addition to the minimum submittal requirements, the following specific entitlement requirements.

an Inclusionary Housing Plan shall also be submitted:
SUPPLEMENTAL APPLICATION (eight copies)  a) Description of Residential Development (Primary Project). b) Description of Alternatives.
<ul> <li>ADDITIONAL SITE PLAN INFORMATION (eight full size copies and four 11"X17" reductions)</li> <li>In addition to the site plan requirements outlined in the minimum submittal requirements, include the following information in the site plan:</li> <li>a) Identify location of inclusionary units.</li> <li>b) Vicinity map highlighting the project site with a radius drawn at 1/8 and ¼-mile distance from the project site.</li> </ul>
APPRAISAL REPORT (two copies, for land donation only)
<b>PROPERTY TITLE</b> (two copies, for land donation only) Identify and attach evidence that property for land donation is free of any monetary liens or any other liens, encumbrances or easements that adversely affect the property title.
DITIONAL ITEMS: ddition, the following items may be required by the Planner for submittal:
FLOOR PLANS (identifying location of inclusionary units)
ELEVATIONS
ELEVATION SECTIONS
CALCULATIONS (square footage, floor area ratio, average slope, etc.)
LANDSCAPE PLAN
CIRCULATION PLAN
DEVELOPMENT SCHEDULE
ESCROW TITLE PAPERS
LEASE AGREEMENT
OTHER ITEMS



Proj	ect Address:		Permit #	
RE	SIDENTIAL DEVELOPMENT (P	RIMARY PROJECT):		
1)	Project type (check one)  ☐ Ownership (for-sale)	□ Rental	□ Combination sale/rental	
2)	Total number of required inclusion	onary units		
3)	Number of inclusionary units pro	oposed on-site	_	
4)	Describe the basis for the calc units to be built:	culation of the number	of required inclusionary units at 15% of the	
5)	List the discretionary approvals	necessary and when the	hey were applied for:	

IHP-SUP Rev: 5/15/07

Proj	Project Address:	Case #
	Describe the distribution of the market rate units and inclusionary terms of location, size in square feet and number of bedrooms:	
7)	7) Describe the proposed income level designation (very low, low inclusionary units of the primary project (clearly identifying the inclus on the floor plans):	
8)	8) Will the project be phased? □ Yes □ No. If yes, describe the propodevelopment of the proposed inclusionary units as the primary project	

Proj	ject Address:	Case #	
9)		the City? ☐ Yes ☐ No. If yes, describe the ives is described in Section III of the Inclusionary	
If y or i		Code (Inclusionary Housing Requirements) in whole lopment or land donation, complete this alternatives	
1) Do you intend to satisfy the Inclusionary Housing Requirements, in whole or in part, by payment an In-Lieu Fee?   Yes   No. If the Inclusionary Housing Requirements will be satisfied in part payment of an In-Lieu Fee, describe how the remaining Inclusionary Housing Plan requirement was be satisfied:			
	Total estimated in-lieu fee required:	Amount of in-lieu fee to be paid	
(Sł	kip the following questions if the in-lieu fee satisfie	s the inclusionary housing requirements in whole.)	

Pro	ect Address:	Case #		
2)	Do you intend to satisfy the Inclusionary Housing requirement by providing:			
	□ Off-Site Development □	Land Donation		
3)	General information regarding the propert requirement:	y satisfying the Off-Site Development or Land Donation		
	Property Address			
	General Plan Designation	Zoning Designation		
	Square Footage of Property	Density Proposed (units/acre)		
	Number of Required Inclusionary Units	Number of Proposed Inclusionary Units		
	Proximity (in miles) to the Primary Project	Site		
	Surrounding Land Uses:			
	North	South		
	East	West		
4)	Provide a general description of the prope	erty (i.e. shape, slope, existing buildings, interior lot, etc.):		
5)	, , , , , , , , , , , , , , , , , , , ,	es   No. If yes, provide evidence of ownership and site- you plan to obtain ownership of the property:		

Project Address:		Case #
6)	If an off-site development is proposed, list the discretionary approvals req of inclusionary units at the off-site development location:	uired for the development
7)	Have you applied for the above approvals? ☐ Yes ☐ No. If no, when do	you intend on applying?
8)	Is the off-site development location served with the infrastructure redevelopment? (i.e. sewer, utilities, water, streets and sidewalks). □ Yes infrastructure is necessary:	

Proj	ect Address:	Case #
9)	Is the off-site property for the off-site development or land dona any other liens, encumbrances or easements that adversely affel If no, explain. Also provide evidence that all property taxes and	ect the property's title? ☐ Yes ☐ No.
10)	) Will the character, historic significance or architectural integring neighborhood be adversely affected by the proposed alternative	
11)	If a land donation is proposed, identify and provide evidence of as required by Section IV.C.3 of the Regulations:	the fair market value of the property

Case # \_\_\_\_\_

12) Pursuant to Section IV.B.3(v) of the Inc subject to over-concentration standards. I off-site development location.		
PROJECT #		FOR OFFICE USE ONLY
Over-concentration:	Clear Title:	
Proximity to Primary Project:	Inclusionary Units Re	quired:
Inclusionary Unit Credit under Alternative:		Sub-Area
Date application/submittals received:	_ Received by:	Date of Meeting:

Date application approved:\_

Project Address:

Date application reviewed: