

AFFORDABLE HOUSING/SPECIAL NEEDS PROGRAM APPLICATION

IF YOU ARE APPLYING FOR BONUS DWELLING UNITS UNDER SONOMA COUNTY'S DENSITY BONUS, HOUSING ELEMENT TYPE A OR C HOUSING OPPORTUNITY AREA, SECOND DWELLING UNIT PROGRAM OR OTHER COUNTY HOUSING PROGRAM, YOU MUST FIRST OBTAIN PROJECT APPROVAL FROM THE PERMIT & RESOURCE MANAGEMENT DEPARTMENT (PRMD). PRMD WILL DETERMINE THE NUMBER OF BONUS UNITS, THE AFFORDABLE/SPECIAL NEEDS UNITS AND THE REQUIREMENTS, AND REFER THE PROJECT TO THE COMMUNITY DEVELOPMENT COMMISSION FOR PREPARATION OF AN AFFORDABLE HOUSING AGREEMENT OR SPECIAL NEEDS HOUSING AGREEMENT.

TYPE OF BONUS PROGRAM REQUESTED:

- County Inclusionary Program
- County Density Bonus Program
- Housing Element Type A Housing Opportunity Area
- Housing Element Type C Housing Opportunity Area
- Second Dwelling Unit
- Other

APPLICANT OR AGENT:

Name: _____
Mailing Address: _____
City/Town: _____
State/Zip: _____
Phone: _____
Signature: _____
Date: _____

OWNER, IF OTHER THAN APPLICANT:

Name: _____
Mailing Address: _____
City/Town: _____
State/Zip: _____
Phone: _____
Signature: _____
Date: _____

- Please attach a copy of the current preliminary title report or the Grant Deed and legal description for the property.

PROJECT INFORMATION:

Address: _____
Assessor's Parcel Number(s): _____ Acreage: _____
Rental or For-Sale Project? Circle One
Total Number of Units by Bedroom Count: _____
Number of Density Bonus Units by Bedroom Count: _____
Number of Affordable Units by Bedroom Count: _____
Requesting Deferred Loan for Development Fees? _____
Project Description: _____

=====PLEASE DO NOT WRITE BELOW THIS LINE=====

- ATTACH COPY OF PRMD REFERRAL AND CONDITIONS OF APPROVAL

Staff: _____ Supervisorial District: _____
Needs CEQA/NEPA Review? _____
Affordable Housing/Special Needs Agreement Required? _____
Application Fee: \$500 Monitoring Fee & Frequency: _____
Special Circumstances: _____

Notes:

611061-3741 Accounting Code