

CITY OF BEAVERTON
COMMUNITY DEVELOPMENT DEPARTMENT
12725 SW Millikan Way
Beaverton, Oregon 97076

VERTICAL HOUSING DEVELOPMENT PROGRAM

October 2018



 **Need Assistance?**
503-526-2497 • Use 7-1-1 for relay
www.BeavertonOregon.gov/ADA

Application for Certification Vertical Housing Development Project

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FOR BACKGROUND INFORMATION AND PROGRAM DETAILS YOU MAY REFER TO

City of Beaverton Community Development Department

CONTACT INFORMATION

Program Manager:	Cadence Petros	cpetros@BeavertonOregon.gov	(503) 526-2213
Program Coordinator:	Josh Carrillo	jcarrillo@BeavertonOregon.gov	(503) 526-2474

Project Application Checklist

Vertical Housing Development Project

PROJECT/PROPERTY NAME:

TO RESPOND TO CITY REQUIREMENTS, THE PROJECT APPLICATION TO THE DEPARTMENT SHALL INCLUDE:

- APPLICATION FOR CERTIFICATION OF A VERTICAL HOUSING DEVELOPMENT PROJECT
- APPLICATION AND MONITORING CHARGE TRANSMITTAL FORM (WITH CHECK ATTACHED)
- VHDZ PROJECT CERTIFICATION AND SUMMARY OF BUILDINGS (EXCEL SPREADSHEET FORM)
- CONFIRMATION PROJECT IS LOCATED ENTIRELY IN A VHDZ
- LIST OF PROJECT'S TOTAL FUNDING SOURCES AND AMOUNTS
- PROJECT'S DEVELOPMENT BUDGET AND TOTAL PROJECT COST
- ARCHITECTURAL PLANS/DESIGN OF THE PROJECT (THE FOLLOWING PAGES ONLY)
 - OVER SITE PLAN WITH TAX LOTS DESIGNATED AND BOUNDARIES OF SITE
 - SUMMARY OF BUILDING(S), FLOOR(S) SQUARE FOOTAGE, TAX LOT(S) SQUARE FOOTAGE
- DETAILED SCOPE OF REHABILITATION WORK (INCLUDING ASSOCIATED LINE ITEM COSTS)
(REHABILITATION PROJECTS ONLY)
- PROVIDE COPY OF THE MOST CURRENT YEAR'S COUNTY ASSESSED VALUE
(REHABILITATION PROJECTS ONLY)
- COUNTY ASSESSOR'S NAME, ADDRESS AND PHONE NUMBER

THE APPLICANT MUST PROVIDE DOCUMENTATION ESTABLISHING THE COSTS OF CONSTRUCTION AND REHABILITATION WITH RESPECT TO THE PROJECT.

THE DEPARTMENT RESERVES THE RIGHT TO REQUEST PROJECT APPLICANT TO PROVIDE SUPPLEMENTAL AND/OR CLARIFICATION INFORMATION.

SUBMIT PROJECT APPLICATION TO: CITY OF BEAVERTON COMMUNITY DEVELOPMENT DEPT.
ATTN: JOSH CARRILLO, PROGRAM COORDINATOR
12725 SW MILLIKAN WAY
BEAVERTON, OR 97076
(503) 526-2474
jcarrillo@BeavertonOregon.gov

APPLICATION FOR CERTIFICATION

Beaverton Vertical Housing Development Project

SUBMIT PROJECT APPLICATION TO: CITY OF BEAVERTON COMMUNITY DEVELOPMENT DEPT.
 ATTN: JOSH CARRILLO, PROGRAM COORDINATOR
 12725 SW MILLIKAN WAY
 BEAVERTON, OR 97076
 (503) 526-2474
jcarrillo@BeavertonOregon.gov

Please note:

- This form is to be submitted along with the noted attachments listed on the accompanying checklist.
- The non-refundable \$500 Application charge must accompany the Application.

City Use Only:

Date Filed: _____ | VHDZ _____ | Acceptable | Rejected _____

PROPOSED VHDZ PROJECT

PROJECT/PROPERTY NAME: _____

PROJECT/PROPERTY ADDRESS: _____ *Attach project legal description

APPLICABLE TAX LOT(S): _____

VERTICAL HOUSING DEVELOPMENT ZONE (VHDZ) IN WHICH LOCATED: _____

U.S. HOUSE _____ STATE SENATE _____ STATE HOUSE _____

To find the project's district numbers visit <http://www.leg.state.or.us/findlegsltr/findset.htm>

For the residential units being constructed or rehabilitated as part of the project:

<input type="checkbox"/> NEW CONSTRUCTION	ANTICIPATED DATE OF CERTIFICATE OF OCCUPANCY: _____
<input type="checkbox"/> ACQUISITION / REHABILITATION	YEAR BUILT: _____

WILL EXISTING TENANTS BE DISPLACED, RELOCATED OR TEMPORARILY RELOCATED DUE TO ACQUISITION/REHABILITATION? YES NO

ANTICIPATED DATE OF OCCUPANCY OR RE-CCUPANCY: _____

ANTICIPATED DATE OF REHABILITATION WORK COMPLETED: _____

BUILDING PERMIT ENTITY: _____	CONTACT NAME: _____	PHONE: _____
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APPLICANT

NAME: _____	TITLE: _____		
ORGANIZATION: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	FAX: _____
PHONE: _____	EMAIL: _____		

PROPERTY OWNER

NAME: _____	TITLE: _____		
ORGANIZATION: _____			
MAILING ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	FAX: _____
TELEPHONE: _____	EMAIL: _____		

RESIDENTIAL TARGET POPULATION

<input type="checkbox"/> MARKET RATE	# OF UNITS: _____	<input type="checkbox"/> HOME OWNERSHIP	# OF UNITS: _____
<input type="checkbox"/> LOW INCOME 80% AMI	# OF UNITS: _____	<input type="checkbox"/> RENTAL UNITS	# OF UNITS: _____

NUMBER OF YEARS AFFORDABLE AT 80% AND BELOW (IF APPLICABLE): _____

PROJECT SITE

Unit density of site per local zoning code:

MAXIMUM # OF UNITS: _____ MINIMUM # OF UNITS: _____ PROPOSED # OF UNITS: _____

Size of site: (one acre = 43,560 square feet)

ACRES: _____ OR SQUARE FEET: _____

ARE ALL UTILITIES PRESENTLY AT SITE? YES NO

IF NO, WHAT NEEDS TO BE BROUGHT TO THE SITE? _____

Building(s) Information:

NUMBER OF RESIDENTIAL BUILDINGS: _____	NUMBER OF RESIDENTIAL FLOORS: _____
NUMBER OF NON-RESIDENTIAL BUILDINGS: _____	NUMBER OF NON-RESIDENTIAL FLOORS: _____
NUMBER OF BUILDINGS COMPRISING PROJECT: _____	

If the project consists of more than one building or type of use, are they: YES NO

LOCATED ON THE SAME TRACT OF LAND?

COMMON OWNERSHIP FOR FEDERAL TAX PURPOSES?

FINANCED PURSUANT TO A COMMON PLAN OF FINANCING?

COMMON PROPERTY MANAGEMENT?

UNIT MIX/SIZE

Unit Mix/Size: Attach separate page if more unit types are needed.

UNIT TYPE	TOTAL NO. OF UNITS	NO. OF AFFORDABLE UNITS	AVERAGE SIZE (SF)	ACTUAL TOTALS (SF)
RESIDENTIAL AREA:				
STUDIO:				
1 BEDROOM:				
2 BEDROOM:				
3 BEDROOM:				
4 BEDROOM:				
SUB TOTAL RESIDENTIAL UNITS:				
RESIDENTIAL COMMON AREA (SF):				
TOTAL RESIDENTIAL AREA (SF):				
RETAIL/COMMERCIAL AREA:				
GROSS BUILDING AREA:				
GROSS LAND AREA:				

DECLARATION BY APPLICANT

The undersigned is duly authorized to submit this application on behalf of the named Owner. The information provided herein is true, correct and complete in describing a "vertical housing development project" inside a vertical housing development zone. The undersigned further authorizes the Department to request further documentation or undertake any investigation deemed necessary to verify application information to complete its due diligence. I therefore request certification, so that the project property may be partially exempt from taxation, and I understand that receipt of the ten-year partial exemption depends on the county assessor's satisfaction that the actual project meets and continues to meet applicable requirements.

Signature

Date

NARRATIVE PROJECT SUMMARY

Please provide a project summary in narrative format, addressing the questions below. Replies should be succinct, but still provide adequate detail to fully describe the project. We anticipate most individual question responses will total less than one page.

1. Describe the proposed project. This is your opportunity to explain why this project is being proposed. Describe the location, the current physical conditions of site (and building if rehab), amenities, design, and target population.

2. Describe the residential and non-residential uses by building, by floor.

3. How will the project be maintained and operated over the 10-year exemption period to ensure the project use and square footage remains consistent with the original VHDZ application requesting the exemption? (Note: The duration of the commitment, including the eligibility of units in the project as low income residential housing, may not be less than the number of tax years for which the project is intended to be partially exempt from ad valorem property taxes under ORS 307.864.)

4. Describe how the proposed project is in the best interest of the community and will enhance the local area.

5. Rehab only. Describe the proposed rehab work that will be completed to substantially alter or enhance the utility condition, design or nature of the structure. Please also provide documentation establishing the costs of construction and rehabilitation with respect to the project.

6. Describe how the project will remain affordable over the entire period of the exemption (if applicable).

7. Complete the time table below with either the actual or estimated dates of: start of construction/rehabilitation, estimated construction/rehabilitation completion, certificate of occupancy issued, copy of exemption Certificate filed with the Tax Assessor, and the first tax year in which the partial exemption will be claimed.

Start of Construction/Rehab:
Construction Completion/Rehab:
Certificate of Occupancy:
Exemption Certificate to Assessor:
First Tax Year of Exemption:

Vertical Housing Program Processing and Monitoring Charge Transmittal

PROJECT/PROPERTY NAME:

CONTACT NAME :

PHONE:

SUBMIT THE ORIGINAL APPLICATION, THE PROCESSING CHARGE, AND THIS FORM TO:

CITY OF BEAVERTON COMMUNITY DEVELOPMENT DEPARTMENT
ATTN: JOSH CARRILLO, PROGRAM COORDINATOR
12725 SW MILLIKAN WAY
BEAVERTON, OR 97076
(503) 526-2474, jcarrillo@BeavertonOregon.gov

COMPLETE THE FOLLOWING:

- \$500.00 APPLICATION PROCESSING CHARGE (408)
- \$0 PROJECT MONITORING CHARGE (409) *Market Rate Residential Units Only*
- \$0 PROJECT MONITORING CHARGE (409) *Mix of Market and Low-Income Residential Units*

Total Amount of Check

MAKE CHECKS PAYABLE TO: CITY OF BEAVERTON

AMOUNT OF APPLICATION CHARGE ENCLOSED: \$ _____

SUBMIT CHECK WITH THIS APPLICATION
(If applying for multiple programs, submit separate checks)