



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Vertical Housing Development (VHD) Project – Application for Certification

APPLICANT

Name _____

Title _____

Organization _____

Mailing Address _____

City _____

State _____ Zip Code _____

Telephone _____

Email _____

PROPERTY OWNER

Name _____

Title _____

Organization _____

Mailing Address _____

City _____

State _____ Zip Code _____

Telephone _____

Email _____

REQUIRED SUBMITTAL ELEMENTS

- VHDZ Project Certification and Summary of Buildings (Excel spreadsheet form)
- Confirmation project is located entirely in a VHDZ
- Documentation showing the cost of project construction and/or rehabilitation
- Architectural plans/design of the project (the following page only)
 - Over site plan with tax lots designated and boundaries of site
- 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)*
- Precertification Fee Paid - \$800.00

FOR STAFF USE ONLY:

Case No.: _____

Fee: _____

Application accepted:

By: _____ Date: _____

Applicant notified of decision:

By: _____ Date: _____

I:\Community Development\Land Use Applications\02_Forms and Templates\Land Use Applications Rev. 03/22/2018

PROPOSED VERTICAL HOUSING DEVELOPMENT PROJECT

Project/Property Name

Project/Property Address

Applicable Tax Lot(s)

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

New Construction Acquisition / Rehabilitation

Anticipated Date Of Certificate Of Occupancy _____ Year Built _____

Will Existing Tenants Be Displaced, Relocated Or Temporarily Relocated Due To Acquisition/Rehabilitation? YES NO

Anticipated Date Of Occupancy or Re Occupancy _____ Anticipated Date Of Rehabilitation Work Completed _____

RESIDENTIAL TARGET POPULATION

Market Rate # Of Units _____ Home Ownership # Of Units _____

Low Income 80% AMI # Of Units _____ Rental Units # Of Units _____

Number Of Years Affordable At 80% And Below (If Applicable) _____

PROJECT 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 _____

UNIT MIX/SIZE

Attach separate page if more unit types are needed.

<i>Unit Type</i>	<i>Total No. Of Units</i>	<i>No. Of Affordable Units</i>	<i>Average Size (SF)</i>	<i>Actual Totals (SF)</i>
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				

Complete the timetable 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: July 1, _____

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 one page or less. Attach extra pages if more space is needed.

1. Describe the proposed project. Describe the design of the construction or rehabilitation, the number of floors and residential units that will be constructed or rehabilitated, the location, amenities, and target population.

2. Describe the existing state of the property (and building if a rehabilitation project).

3. Describe the residential and non-residential uses by building, by floor. Describe the proportion of total square footage that will be used for residential uses. Describe the number and nature of low-income residential units and the proportion of total square footage of the project proposed for low-income residential housing uses.

4. 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?

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

6. 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.

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

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 City of Tigard 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 under ORS 307.864, 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:

COMPLETE & SUBMIT TO:
City of Tigard Permit Center
13125 SW Hall Blvd
Tigard, Oregon 97223