



APPLICATION CHECKLIST

AFFORDABLE HOUSING INCENTIVES

A housing development including 5 or more residential units may propose a density bonus in accordance with City of Citrus Heights Zoning Code Section 106.32.020 (Affordable Housing Incentives) and California Government Code Section 65915 et seq. ("Density Bonus Law").

Applicants proposing housing developments that propose a density bonus in accordance with the Density Bonus Law must submit, along with their development application, the following information:

Description of project: Number of units proposed including number of units proposed as affordable.

Property and its surroundings: Describe the site including available/proposed infrastructure, proximity to transit and other services (shopping, medical, etc.)

Density proposed: Indicate the number of lots proposed and how many are proposed to be designated as affordable, density-bonus units. Show calculations: 1) used to identify maximum density, and, based on percentage of affordable units provided, 2) the number of concessions/incentives proposed and 3) density bonus amount.

Identify any existing units: Include information on the number of units existing on the property. Indicate whether the units are subject to Government Code Section 65915(c)(3) and if applicable, include discussion how the units will/will not be replaced.

Identify concession(s)/incentive(s) proposed: Provide specific information on and discussion of each concession/incentive requested. Include discussion of why the concession/incentive is required in order for the project to provide for affordable housing costs, or for rents to targeted units to be set as provided in the Density Bonus Law.

Identify proposed waivers/reductions: Provide specific information on and discussion of each waiver/reduction proposed. Include discussion of why without the granting of the proposed waivers/reductions would preclude the construction of the development at the density proposed or with proposed concessions/incentives.

Additional information including the findings required to grant a concession or incentive or allow a density bonus is available within the Citrus Heights Zoning Code. Applications are processed in accordance with CHZC Section 106.32 and GC 65915 et seq.

Please feel free to discuss your application with a member of the Planning Department at (916) 727-4740 or visit the office located in City Hall located at 6360 Fountain Square Drive, Citrus Heights, CA 95621

www.citrusheights.net



UNIVERSAL APPLICATION FORM

PLANNING DIVISION

www.citrusheights.net

6360 Fountain Square Drive ♦ Citrus Heights, CA 95621 ♦ (916) 727-4740

planning@citrusheights.net

Notice to Applicants: A complete application must be submitted in order for the project to be accepted. It is recommended to schedule an appointment to discuss your project prior to submission.

Type of Application (check all that apply):

<input type="checkbox"/> Design Review Permit <input type="checkbox"/> Design Review Permit Modification <input type="checkbox"/> Use Permit <input type="checkbox"/> Use Permit Modification <input type="checkbox"/> Minor Use Permit <input type="checkbox"/> Eligible Facilities Request	<input type="checkbox"/> Parcel Map (1-4 lots) <input type="checkbox"/> Subdivision Map (5+ lots) <input type="checkbox"/> Rezone <input type="checkbox"/> Ordinance Text Amendment <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> OTHER _____
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Project Information (complete all sections):

Proposed Project Name:		
Property Address:		
Assessor Parcel #'s:		
Total Land Area (Acre or SF):	General Plan Designation:	Zoning Designation:
Total Net SF of New Buildings (Commercial Only):	No. Proposed Units (Residential only):	
Project Description:		

Applicant Information:

Applicant Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	

Property Owner:

Owner Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	
Property Owner Signature (or separate written authorization):		

Designated Primary Contact, if Different than Applicant:

Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	

City Use Only:

Planner Complete Below:

Dated Received:	Accepted by:	AA: ST PC CC	NA#:
TOTAL AMOUNT COLLECTED:			
Receipt Number:		Payment Method:	

Data Entry:

Date Entered:			
File Type/Number (one per box)			
CW #			