

**MONROE COUNTY
PLANNING & ENVIRONMENTAL RESOURCES DEPARTMENT**



Nonresidential Inclusionary Housing Form

This form is to be submitted with an application for development as part of the necessary information to be submitted to Planning Staff to determine compliance with nonresidential inclusionary housing requirements in accordance with LDC Section 139-1(f).

Date of Application: _____ / _____ / _____
Month Day Year

Applicant / Agent Authorized to Act for Property Owner: (Agents must provide notarized authorization from all property owners.)

Applicant (Name of Person, Business or Organization)

Name of Person Submitting this Application

Mailing Address (Street, City, State and Zip Code)

Work Phone

Home Phone

Cell Phone

Email Address

Property Owner: (Business/Corp must include documents showing who has legal authorized to sign.)

(Name/Entity)

Contact Person

Mailing Address (Street, City, State and Zip Code)

Work Phone

Home Phone

Cell Phone

Email Address

Legal Description of Property subject to Inclusionary Housing Requirements:

(If in metes and bounds, attach legal description on separate sheet.)

Block

Lot

Subdivision

Key

Parcel Identification Number

Alternate Key Number

Street Address (Street, City, State & Zip Code)

Approximate Mile Marker

Building Permit Number of Development Requiring Inclusionary Housing: _____

Nonresidential Land Use Categories (select *proposed* land use):

- Commercial Retail: (retail stores, supermarkets, shopping centers, restaurants, etc.)
- Office: (professional and non-professional)
- Industrial: (light manufacturing, lumber yards, warehousing, storage facilities, etc.)
- Institutional: (religious facilities, private schools, colleges, daycares, etc.)
- Tourist/recreational: (theaters, auditoriums, nightclubs, tourist attractions, etc.)
- Hotel & Motel: (transient uses)
- Governmental: (governmental office buildings, public schools, etc.)
- Other (utility, gas, and electric uses, mining, and sewage disposal facilities)

Type of Development Triggering Inclusionary Housing Requirement in accordance with LDC Section 139-1(f)(3). Select all that apply:

1. New Development:
If yes, total area of new development (SF): _____

2. Redevelopment with an Expansion:
If yes, existing area (SF): _____ area of expansion (SF): _____

*The redevelopment, remodeling, repair or cumulative expansion of a lawfully established nonresidential use that does not increase the area of the nonresidential use by more than 1,000 square feet of gross floor area and the use is not changed to a different use category shall be exempt from the nonresidential inclusionary housing requirements.

3. Redevelopment with a Change in Use Increasing Housing Demand:
If yes, specify existing use _____ and square footage (SF): _____
Changing use to: _____

4. Unspecified Use:

If a proposed development project does not fall within one of the specific use categories in the table within subsection (5), then the Planning Director shall determine whether the use is comparable to a use category listed and assign a category or may allow the applicant to conduct an independent calculation to determine the appropriate affordable workforce housing inclusionary requirement. If the applicant chooses to propose an independent calculation, the criteria provided in LDC Section 139-1(f)(3)(d) applies.

Description of Unspecified Use: _____

Complete the table below to calculate the number of workforce housing units or in-lieu fee needed for every square foot of new nonresidential development or redevelopment (expanded or converted square footage) for each category of nonresidential land use that is proposed in accordance with LDC Section 139-1(f)(5):

New Development; or Redevelopment with an Expansion; or Redevelopment with a Change of Use
Increasing Housing Demand Shall Require
50% OF THE WORKFORCE HOUSING DEMAND TO BE MITIGATED

Total Need Created by Nonresidential Development (for construction and post-construction employees)						50% Mitigation Requirement for Proposed Development	
Land Use Category	Housing Need per SF (Units)	In-Lieu Fee per SF	Floor Area to be Developed/ Redeveloped (SF)	Total Housing Need Created (Units)	Total Housing Need Created (In Lieu Fee)	50% x Total Housing Need (Units)	50% x Total Housing Need (In Lieu Fee)
Commercial Retail	0.000416	\$66.72					
Office	0.000704	\$78.49					
Industrial	0.000226	\$24.39					
Institutional	0.000337	\$36.28					
Tourist/recreational	0.000614	\$104.69					
Hotel & Motel	0.000295	\$49.94					
Governmental	0.000427	\$38.28					
Other	0.000644	\$99.83					

If the workforce housing requirement results in less than one (1) affordable dwelling unit, then the applicant may choose to build one (1) affordable dwelling unit or pay the fee in-lieu amount.

Please fill out each proposed land use category(ies) and add the mitigation requirement(s) to determine the total inclusionary housing requirement when proposing a mixed use development.

Total Inclusionary Housing Requirement for Proposed Development:

Number of Units: _____ or;

In Lieu Fee: _____

The demand for workforce housing created by the proposed development or redevelopment will be mitigated by one or a combination of the methods identified below. Additional information may be required based on selection. **Select all that apply.**

OPTION 1: The construction of workforce housing dwelling units on-site of the development project. The workforce housing dwelling units shall meet the County's affordable housing restrictions as specified in Section 139-1(b) and (c), for a period not less than 99 years **(C.O. on workforce housing units required prior to C.O. for nonresidential development)**;

OPTION 2: The construction of workforce housing dwelling units off-site of the development project but within a 15 mile radius of the nonresidential development/ redevelopment. The workforce housing dwelling units shall meet the County's affordable housing restrictions as specified in Section 139-1(b) and (c), for a period not less than 99 years **(C.O. on workforce housing units required prior to C.O. on nonresidential development)**;

Physical address of proposed off-site dwelling unit(s): _____

Parcel ID: _____ Key (Island): _____ MM: _____

Number of dwelling units _____ Building Permit No. _____

Property Owner (Must submit proof of ownership and fill out Page 6.) _____

Cell Phone: _____ Work Phone: _____ Email: _____

(If multiple addresses, attach information on separate sheet.)

OPTION 3: The deed-restriction of existing dwelling units within a 15-mile radius of the nonresidential development/redevelopment. The workforce housing dwelling units shall meet the County's affordable housing restrictions as specified in Section 139-1(b) and (c), for a period not less than 99 years **(C.O. on workforce housing units required prior to C.O. on nonresidential development)**;

Physical location of existing off-site dwelling unit(s): _____

Parcel ID: _____ Key (Island): _____ MM: _____

Is/are the unit(s) lawfully established? (Yes/No): _____ **ROGO Exemption Letter may be required.**

Number of dwelling units _____ Will the unit(s) be demolished and replaced?(Yes/No): _____

Property Owner (Must submit proof of ownership and fill out Page6) _____

Cell Phone: _____ Work Phone: _____ Email: _____

(If multiple addresses, attach information on separate sheet.)

- OPTION 4:** The donation of land to the County, upon the acceptance of the BOCC of a proposed parcel or parcels, may satisfy the requirements of this subsection by donating one (1) IS or URM zoned platted lot for each workforce housing unit required but not provided through actual construction or in-lieu fees (or a Tier III parcel or parcels of land zoned other than IS or URM as long as the donated parcel(s) have the appropriate density available to support the development of the required number of workforce units) **(Must be completed prior to C.O. for nonresidential development)**; and/or

Physical location of parcel/lot to be donated: _____

Parcel ID: _____ Key (Island): _____ MM: _____

Is the Parcel/lot vacant?(Yes/No): _____

Property Owner (Must submit proof of ownership and fill out Page 6): _____

Cell Phone: _____ Work Phone: _____ Email: _____

(If multiple parcels/lots, attach information on separate sheet.)

- OPTION 5:** The payment of a fee in-lieu for the inclusionary housing requirement for all or a percentage of the workforce housing units required. All in-lieu fees shall be deposited into the affordable housing trust fund and spent solely for the purposes allowed for that fund. **(Must be paid prior to issuance of a building permit for the nonresidential development or redevelopment.)**

If applicable, the following items may be required to be submitted to the Planning and Environmental Resources Department in order to demonstrate compliance with nonresidential inclusionary housing requirements. Please check the box as each required item is attached to this form:

- Notarized Agent Authorization Letter (note: authorization is needed from all owner(s) of the subject property and any property proposed for offsite units/linkage)
- Proposed site plan and/or building floor plans if not submitted with associated building permit file
- Applicable affordable/ workforce housing deed restriction and qualification affidavit
- ROGO Exemption Letter demonstrating the lawful establishment of an existing dwelling unit
- Other information as determined by Staff based on selected mitigation option

If deemed necessary to complete a full review for compliance, the Planning & Environmental Resources Department reserves the right to request additional information.

By signing this form, the owner of the subject property authorizes the Monroe County Planning & Environmental Resources staff to conduct all necessary site visits and inspections on the subject property.

I, the Applicant, certify that I am familiar with the information contained in this form, and that to the best of my knowledge such information is true, complete and accurate.

Signature of Applicant: _____ **Date:** _____

Printed Name of Applicant: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20_____, by means of
 physical presence or online notarization,

by _____, who is personally known to
(PRINT NAME OF PERSON MAKING STATEMENT)

me OR produced _____ as identification.
(TYPE OF ID PRODUCED)

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public

My commission expires: