



BUILDING - FLOODPLAIN - DEVELOPMENT PERMIT APPLICATION
MONROE COUNTY FLORIDA
Effective 12/31/2020

INTERNAL USE ONLY	DATE:	Rec'd by:	PERMIT #		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Fast Track <input type="checkbox"/> Over Counter <input type="checkbox"/> DEMO(<input type="checkbox"/> Asbestos) <input type="checkbox"/> Revision (A -B -C -D ____) <input type="checkbox"/> ROGO(RES) <input type="checkbox"/> NROGO (COM) <input type="checkbox"/> AFH			YEAR BUILT	<input style="width:90%;" type="text"/>
				(Per Property Appraiser web)	
			BLD	<input style="width:90%;" type="text"/>	
			Value	<input style="width:90%;" type="text"/>	
JOB SITE INFORMATION:					
RE# (Parcel id#)			Job Address:		
Legal Description		Lot/Block/Unit		Location Key: _____ MM _____	
				Information: Subdiv: _____	
OWNER INFORMATION:					
OWNER BUILDER: ALL OWNER BUILDERS MUST APPEAR IN PERSON - F.S.489.103(7) Check if Owner Builder >>> <input type="checkbox"/>					
Name and Mailing Address			Email (See Owner's/Qualifier's Affidavit Pg3)		Phone (within U.S.):
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Fee Simple Titleholder (if applicable-other than owner)			Name and Mailing Address		Phone:
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Mortgage Lender					
CONTRACTOR INFORMATION:					
<i>Any change in contractor information must be provided on "Qualifier/Contractor/Address Change Form"</i>					
Company Name and Mailing Address			Email (See Owner's/Qualifier's Affidavit Pg3)		Phone (within U.S.):
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Qualifier			Name		License #
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
OTHER PROFESSIONAL INFORMATION:					
Drawings by Architect / Engineer/ Contractor		Name and Mailing Address		Email	Phone:
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Private Provider		Name and Mailing Address		Email	Phone:
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Type of Service: <input type="checkbox"/> Plan Review & Inspections <input type="checkbox"/> Plan Review only <input type="checkbox"/> Inspections only					
Agent			Name and Mailing Address		Email
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Bonding Company					
Company Name and Mailing Address					
<input style="width:95%;" type="text"/>					
Debris Removed by <input type="checkbox"/> Applicant <input type="checkbox"/> Specialty Contractor – Name >					
<input style="width:95%;" type="text"/>					
SUB CONTRACTOR(s) Name/License # (if applicable): Provide Sub Contractor Authorization for each					
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		
<input style="width:95%;" type="text"/>			<input style="width:95%;" type="text"/>		

**JOB COST INFORMATION AND ACKNOWLEDGMENT
 REQUIRED**

Do Not Include ATF cost. Complete Page 7 - ATF to itemize cost. Check if PAGE 7 Completed.

Is contract included in submittal: Yes No

CONTRACTOR COST FOR WORK:	\$	ESTIMATED TOTAL SQ FT:	Sq Ft
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Fees will be computed based upon the submitted, legitimate contract price or ICC/ Construction Costs Valuation manuals, per Monroe County Building Fee Resolution.

ACKNOWLEDGMENT

I, _____, owner of property
 located on _____
 have contracted with _____ (contractor)

or as Owner Builder acting as Contractor pursuant to F.S. 489.103(7)

to complete the work described in this application for \$ _____.

I attest that this is the entire amount I have contracted for work included in this application and that there are no implied contract terms or third-party agreements which do, or may, change this amount.

Owner Signature _____ Date _____

NOTARY

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledge before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____

Personally Known OR Produced Identification - Type of Identification Produced: _____

NOTARY Name: _____

NOTARY Signature: _____

My Commission Expires on: _____
 (SEAL)

REQUIRED - SUBMITTED WITH APPLICATION:

- TWO (2) SETS of PLANS * Environmental/Planning (Page 6)
 ATF (Page 7)
 Residential Site Plan Checklist (Pages 8-1,8-2)

* All plans prepared shall have the preparer's signature, printed name, date, and phone number printed on them.
 Acceptable preparers: architects, engineers, qualifier for contractor business or owner if owner builder permit.

JOB DETAILS :)

REQUIRED - JOB DETAIL GENERAL PERMIT CONDITIONS:

TYPE:	CHANGE IN OCCUPANCY/USE:	LOCATION ON PROPERTY:	WILL NEW GROUND BE DISTURBED W/ DEVELOPMENT?	CONSTRUCTION:
<input type="checkbox"/> Residential/Duplex <input type="checkbox"/> Commercial / MultiFam	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> BOTH	(Change in footprint): <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Repair/Renov.

JOB DETAIL REQUIRED - SUBS - WORK ACKNOWLEDGMENT:

Note: Sub disciplines not indicated here, that are later determined by examination of plans to be evident on the job, will be charged.

ELECTRIC: No Yes **MECH/FUEL/GAS:** No Yes **Elevator:** Yes **PLUMBING:** No Yes

JOB DETAIL REQUIRED - SPECIFIC PERMIT JOB DETAILS - CHECK ALL THAT APPLY:

A/C REPLACEMENT:	SAME LOCATION (inside footprint): <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Condenser Only	TONNAGE: Current: _____ Proposed: _____	SEER: Current: _____ Proposed: _____
		<input type="checkbox"/> Package Unit <input type="checkbox"/> Air Handler & Condenser (Calcs required)		

ELECTRIC	<input type="checkbox"/> Associated with SEWER LATERAL TIE IN: <input type="checkbox"/> Grinder Pump <input type="checkbox"/> Lift Station <input type="checkbox"/> DOCK or SHORELINE Lighting <input type="checkbox"/> OUTDOOR LIGHTING
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DEMO	<input type="checkbox"/> Full / All of Structure <input type="checkbox"/> Partial (Detail Below)
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FENCE	LOCATION: Under House <input type="checkbox"/> YES <input type="checkbox"/> NO FENCE TYPE: <input type="checkbox"/> Concrete <input type="checkbox"/> With Electric <input type="checkbox"/> Chain/Iron/Wood/PVC
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MODULAR HOME	<input type="checkbox"/> YES: This DBPR modular will come complete from the factory with the exception of any required structural site built items/connections, i.e. foundation, stairs. Structural items will be included in plans <input type="checkbox"/> NO: This DBPR modular home will NOT come complete and the following items will be completed/installed and inspected on site. The plans submitted for this construction will properly note all on-site completed/installed items in the Building Site Installation Requirements section on the plans. Please select all that apply:			
	<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<input type="checkbox"/> Doors
	<input type="checkbox"/> Flooring/Flr Covering	<input type="checkbox"/> Plumbing/Fixtures	<input type="checkbox"/> Electrical/Fixtures	<input type="checkbox"/> Porches
	<input type="checkbox"/> Mechanical/AC Fixtures Equipment	<input type="checkbox"/> Kitchen Cabinets	<input type="checkbox"/> OTHER - Detail in JOB DETAIL Section Below	

PLUMBING SEWER LATERAL TIE IN:	<input type="checkbox"/> Grinder Pump <input type="checkbox"/> Lift Station <input type="checkbox"/> Gravity	<input type="checkbox"/> Residential / Duplex/MH <input type="checkbox"/> Commercial / MultiFam
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RECONNECT/SAFETY ELECTRICAL	<input type="checkbox"/> YES
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ROOF	<input type="checkbox"/> New <input type="checkbox"/> Re-Roof <input type="checkbox"/> Re-Cover
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SIGN	<input type="checkbox"/> Change of Face / Copy Only <input type="checkbox"/> Construction Change
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SOLAR UNIT	<input type="checkbox"/> Photo-voltaic
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SPA	<input type="checkbox"/> Portable <input type="checkbox"/> Inside footprint
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STRUCTURE ELEVATION	<input type="checkbox"/> 1 - 2 story wood frame house over a crawl space <input type="checkbox"/> Raising a slab-on-grade with slab intact <input type="checkbox"/> Raising a slab-on-grade w/out the slab attached <input type="checkbox"/> Open wood foundation on piers/pilings/posts
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JOB DETAIL REQUIRED - SCOPE OF WORK: NOTE: Jobs involving:
Environmental components must submit page 6 of application,
 Work commencing without permit (ATF) must submit page 7 of application,
 New Residential must submit page 8-1 and 8-2 of application for Site Plan requirements.

WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING NOTICE OF COMMENCEMENT.

(FL Building Code 105.8)

A certified copy of the recorded Notice of Commencement or a notarized statement from the owner of the property or the owner's authorized agent (including any contractor that has been authorized below) stating that a Notice of Commencement has been filed for recording to the Monroe County Clerk's Office for recording along with a copy of the Notice of Commencement submitted for recording, must be submitted to Building Department and posted on the job site before the first inspection. (FS 713.13(1)(a), 713.13(1)(d))

ASBESTOS AGREEMENT: (Initial If Applicable: _____)

As owner/contractor/agent of record for the construction applied for in this application, I agree that I will comply with the provisions of the Florida Statute 469.003 and to notify the DEP of my intent to demolish/remove a structure at the above address and remove asbestos, when applicable, in accordance with state and federal law.

SOLID WASTE ASSESSMENT:

Upon completion of the project for which I have made application for a Building Permit, I must pay the pro-rated residential solid waste assessment, or show proof of commercial service with a franchised commercial collector prior to issued Certificate of Occupancy.

OUTSIDE LOCAL, STATE and FEDERAL AGENCIES:

In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

OWNER'S/QUALIFIER'S AFFIDAVIT:

- Application is hereby made to obtain a permit to do the work and installations as indicated.
- I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.
- I understand that a separate permit (sub on a permit) must be secured for Electrical, Plumbing, Signs, A/C, etc. as appropriate.
- I hereby certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.
- I understand that notification from County regarding permit status is communicated via Email or Phone. If this information is not provided or updated with the County throughout the life of the permit, the County will not be able to provide notification service. Note: only numbers within United States can be contacted; no international phone numbers.
- The homeowner hereby expressly acknowledges and agrees that it is the responsibility of the homeowner to ensure all permits are closed following final inspections and failure to do so may likely interfere with homeowner's ability to sell the property identified in the permit.

Owner (print): _____	Qualifier (print): _____
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Signature: _____	Signature: _____
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Date: _____	Date: _____
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<p>STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____</p>	<p>STATE OF _____ COUNTY OF _____ The foregoing instrument was acknowledge before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____ day of _____, 20____ by _____ <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification Type of Identification Produced: _____</p>
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<p>NOTARY Name: _____ NOTARY Signature: _____ My Commission Expires on: _____</p>	<p>NOTARY Name: _____ NOTARY Signature: _____ My Commission Expires on: _____</p>
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COASTAL FLOOD MAP CHANGE NOTICE FOR PERMIT APPLICANTS

NEW FLOODPLAIN PRELIMINARY MAPS HAVE BEEN RELEASED:

FEMA has issued new PRELIMINARY coastal flood maps which will eventually replace the current flood maps, which are based on 30+ year-old studies. Monroe County wants to ensure all permit applicants are aware of the potential for a change in flood risk for the property(s) on this permit as a result of this updated study. Consequently, Monroe County is requiring all permit applicants to sign a statement recognizing the issuance of these new PRELIMINARY coastal flood maps and the fact that these maps may indicate a future change to the required elevation of the building currently being permitted.

I, _____ (*Owner Signature*),
understand and acknowledge that I have been informed about the upcoming release of the new
PRELIMINARY coastal flood maps and that the permitting requirements may change based on the new coastal
flood maps.

Date: _____

Floodplain Information can be found online:
> FEMA Flood Map Service Center (<https://msc.fema.gov/portal>)
> Building Department Floodplain Management web page
<http://fl-monroecounty.civicplus.com/173/Floodplain-Management>



Permit#:

Environmental/Planning ~ Required Information

CHECK JOB TYPE (*= Requires an Existing Conditions Report):

- BLASTING *** **BOAT DAVITS/ LIFTS** **CLEARING/GRUBBING *** **DOCK** **DREDGING**
 EXCAVATION * **FILL *** **RIPRAP** **RETAINING WALL** **SEAWALL w/ or w/o DOCK**
 Land Development Permit for Chickees by Miccosukee or Seminole Indians*

CHECK JOB TYPE - Does NOT Require an Existing Conditions Report:

- LANDSCAPING** **TREE REMOVAL/TRIMMING**

CHECK JOB TYPE (Field inspection may be required):

- INVASIVE EXOTICS (Less than 10 stems)** **HAZARDOUS**

If review determines otherwise Exotic or Hazard, additional fees will be added and due for payment upon permit issuance.

JOB DETAILS

- | | | |
|--|---|--|
| Existing Conditions Report Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO | Mitigation Plan Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO | Construction debris will be removed by:
<input type="checkbox"/> Applicant
<input type="checkbox"/> Specialty Contractor (Name): |
| Barge work required? <input type="checkbox"/> YES <input type="checkbox"/> NO | Dewatering required? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

List amount of material:	VOLUME (in cubic yards):		MATERIAL	
			Waterward of M.H.W.	Landward of M.H.W
<i>Excavated</i>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Dredged</i>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Filled</i>			<input type="checkbox"/>	<input type="checkbox"/>
<i>Deposited</i>			<input type="checkbox"/>	<input type="checkbox"/>

DETAILED SCOPE OF WORK:

OTHER OUTSIDE AGENCY PERMITS/APPROVALS:

ACOE Permit #	DEP Permit #	
FWS Permit #	Other:	

PLANNING – ROGO Energy and Water Conservation – CHECK (✓) ALL THAT APPLY

(Note - Points only for available for lands designated as Tier III)

Check (✓)	Points	To assist in the review of ROGO points, include requested point criteria on the site plan
	+3pts	Proposes a dwelling unit designed according to and certified to the standards of a sustainable building rating or national model green building code.
	+1pt	Dwelling unit includes installation of a permanent concrete cistern with a minimum capacity of 1,000 gallons.
	+2pts	Dwelling unit includes the installation of a gray water reuse system, meeting the requirements of the Florida Building Code.
	+1pt	Dwelling unit includes installation of a solar photovoltaic collection system, a minimum of 3KW in size or the equivalent in other renewable energy systems.
	+0.5pt	Dwelling unit includes installation of one or both of the following technologies: a. Ductless air conditioning system. b. High efficiency chillers.



Work Commencing Before Permit Issuance (After the Fact “ATF”)

Building Department Fees are One Hundred Percent (100%) penalty per MC Fee Schedule Resolution

NOTE: If you are applying for an after the fact permit for work done that is subject to code compliance action (notice of violation), keep in mind that including “other” work, under the same permit, could cause you to miss code compliance deadlines and increase fines due.

The following information is required at the time of submittal of a Permit Application addressing After-The-Fact (ATF):

- Completed Application: Pages 1 through 3, and Page 4 if applicable
- Detailed scope of ATF work along with cost breakdown on this form, Page 5 of Permit Application
- Acceptable proof of ownership, if current owner is not detailed on the Property Record Card

The following may be required by plans examiner(s) when reviewing the application:

- Sealed “As-Built” plans designed to the current building code and wind speed, as well as other required documents based on the project.
- Survey or site plan
- Copy of Notice of Violation with Code Compliance case number
- Elevation certificate

Enter CODE Case to which Permit Application addresses: CE_____

Scope of Work for ATF Portion:

TOTAL COST for Work Completed w/o Permit:
(Required for All ATF Applications) (6-110(a)(1))

\$

TOTAL SQ FT for FILL or CLEARED w/o Permit:
(Required if FILL or CLEARING Application Only) (6-110(a)(3)or(4))

COST BREAKDOWN: Type of Work

MATERIAL COST

LABOR COST

Exterior:

Carpentry		
Concrete Work		
Doors		
Electrical		
Mechanical		
Plumbing		
Trusses/Roofing		
Windows		

Interior:

Carpentry		
Electrical		
Flooring		
Mechanical		
Plumbing		
Miscellaneous/Other:		

STAFF USE ONLY: Plans Examining Staff Name Completing this information: _____

of Building PR Disciplines req'd for ATF review - Enter a number 0 thru 5: _____ (Exam, Elec, Plumb, Mech, Flood, or none)

Total Cost above validated: YES NO. If NO enter adjusted Total Cost for ATF Portion here. \$



Permit#: _____
RE#/Parcel#: _____
Date: _____ Staff: _____

Site Plan Requirements Checklist: Residential

This form must accompany site plan submissions. Any revised submissions must also have the original marked Site Plan Submission Requirements checklist attached. (Effective 10/1/14)

AT THE TIME OF PERMIT APPLICATION SUBMISSION

Site Plans submitted with building permit application will be accepted for compliance review (per MC Sect 138-25(c)(3)) **IF:**

Permit Types:

- Addition-Residential
- FEMA Funded Residence
- Mobile Home
- Mobile Home-Affordable
- Mobile Home-Replacement
- Single Family:
 - Afford to Market Rate
 - Afford Fee Exempt
 - Afford Inclusionary
 - Affordable Housing
 - Conventional
 - Employee Housing
 - From Guest House
 - From MH
 - Modest Housing
 - Modular
 - Replace

___ **A.** Survey dated 12 months or less if conditions (i.e. structures, flood zone, easement, deed restrictions, etc.) have not changed.
 If survey is older than 12 months, please initial this acknowledgement statement:
 ___ *I have submitted a survey that is older than 12 months and confirm that structural, flood, easement, and other nonstructural related attributes have not changed since the date of the survey attached. I understand if it is determined upon review that there have been changes I must provide a new survey for this permit application within a timely matter to prevent the application from expiring.*

___ **B.** The site plan shall be prepared and sealed when required by law by a professional architect or engineer.

___ **C.** Plans drawn to a scale of one inch equals ten (1"=10') or twenty (1"=20') feet unless another working scale is approved in advance of submittal by the Building Official/Planning Director. *Please try to use hatching or clouding instead of color legends to distinguish areas*

At a minimum, drawn to depict the following on the Site Plan, as impacted by development:

___ **D.** Title indicating property address (if available), real estate (RE) #, legal description, date, revision date(s) if applicable, north arrow and graphic scale;

___ **E.** Boundary lines of site, and, if applicable, interior property lines transecting the site and mean high-water lines (shown in accordance with Florida Statutes); all attributes from boundary survey;

___ **F.** Locations and dimensions of all existing and proposed structures, including paved areas, the need for parking spaces and clear site triangles;

___ **G.** Setback and Flood Zone lines as required by the Land Development Code;

___ **H.** The location of existing public utilities, including location of the closest available water supply system or collection lines and the closest available wastewater collection system or collection lines (or on-site system proposed to meet required County and State wastewater treatment standards); Location of fire hydrants or fire wells;

___ **I.** Outside Agency Approval Stamp on site plans as appropriate;

___ **J.** A table providing:

- Future Land Use Map (FLUM), Land Use District (Zoning), and Tier designation;
- Flood zones pursuant to the Flood Insurance Rate Map panel number

As reasonably required, if deemed necessary to complete a full review of the application, the planning director may request additional information or coordination letters from other agencies.

Effective 10/1/14 ✓ = Accepted for review N/A= Not Required * = Required

Permit#: _____
 RE#/Parcel#: _____
 Date: _____ Staff: _____

Site Plan Requirements Checklist: Residential (continued)

This form must accompany site plan submissions. Any revised submissions must also have the original marked Site Plan Submission Requirements checklist attached. (Effective 10/1/14)

Additional documentation to the Site Plan, as impacted by development:

- ___ **K.** Drainage plan including existing and proposed topography, all drainage structures, retention areas, drainage swales and existing and proposed permeable and impermeable areas;
- ___ **L.** Outside Agency Approval Letters as appropriate;
- ___ **M.** Pre- and Post- Construction grade elevation statement specifying that no new structures shall exceed or otherwise violate the height and floodplain management limitations; "A" Zone elevation from top surface of first floor; "V" Zone bottom surface of lowest horizontal structural member.

SITE PLANS ACCEPTED FOR REVIEW:

Site Plans will be forwarded to a plans examiner for review of compliance with all items on this document including the items below. (per MC Sect 138-25(c)(3))

At a minimum, drawn to depict the following on the Site Plan, as impacted by development:

- ___ **N.** Location, size and species of required Street Tree (MC Section 114-104);
- ___ **O.** Extent and area of wetlands, open space preservation areas and conservation easements. If wetland area unknown, wetland delineation can be acquired (Prior to Submittal) through private contractor or by county biologist (fee per current Building Fee Resolution);
- ___ **P.** Delineation of habitat types to demonstrate buildable area on the site, including any champion and specimen trees identified and any potential species that may use the site (certified by an approved biologist and based on the most current professionally-recognized mapping by the U.S. Fish and Wildlife Service);
- ___ **Q.** Size and type of buffer yards and parking lot landscaping areas, including the species and number of plants;
- ___ **R.** Design Criteria: Exposure category is assumed to be "D" unless "C" or "B" can be demonstrated according to FBC 1609.4.3. Provide a map with maximum distance of structure from all shorelines.
- ___ **S.** A table providing:
 - Total amount of area and upland area of the site;
 - Amount of impervious and pervious area.
 - Calculations for land use intensity, open space ratio, and off-street parking.

As reasonably required, if deemed necessary to complete a full review of the application, the planning director may request additional information or coordination letters from other agencies.

Permit Types:

- Addition-Residential
- FEMA Funded Residence
- Mobile Home
- Mobile Home-Affordable
- Mobile Home-Replacement
- Single Family:
 - Afford to Market Rate
 - Afford Fee Exempt
 - Afford Inclusionary
 - Affordable Housing
 - Conventional
 - Employee Housing
 - From Guest House
 - From MH
 - Modest Housing
 - Modular
 - Replace

Effective 10/1/14

✓ = Accepted for review

N/A= Not Required

* = Required