



CITY OF REEDSPORT

VERTICAL HOUSING DEVELOPMENT ZONE PROJECT APPLICATION

<i>Applicant</i>	
Name	
Title	
Organization	
Mailing Address	
City, State	
Zip Code	
Telephone	
Email	

<i>Property Owner (If different)</i>	
Name	
Title	
Organization	
Mailing Address	
City, State	
Zip Code	
Telephone	
Email	

<i>Proposed Vertical Housing Development Project</i>	
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 completion _____

Residential Target Population

Market Rate ☐ # of units _____

Home Ownership ☐ # of units _____

Low Income 80% AMI ☐ # of units _____

Rental Units ☐ # of units _____

Project Site

Building 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 additional page if necessary

<i>Unit Type</i>	<i>Total No. of 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			
Total Residential Area			
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/rehabilitation: _____

Construction completion/rehabilitation: _____

Certificate of occupancy: _____

Exemption certificate to assessor: _____

First tax year of exemption: _____

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 additional pages if 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.*

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 Reedsport to request additional 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 10-year partial exemption depends on the county assessor’s and the City of Reedsport’s satisfaction that the actual project meets and continues to meet applicable requirements.

Signature:

Date:

Complete & Submit to:

City of Reedsport
451 Winchester Ave.
Reedsport, OR 97467

FOR OFFICE USE ONLY

Date Received	
Fee Paid (\$400.00)	
City Planner Initials	
Date to County Assessor	
Staff Initials	