

Determination of Inclusionary Housing Compliance Form

Amended 6//2012

BRC 9-13-9

This document represents the agreement by which the Applicant and project listed below will meet city of Boulder Inclusionary Housing requirements.

Applicant's Name (contact person):		Project Name:	
Applicant's Mailing Address:		Project Address:	
City, State, Zip Code		City, State, Zip Code	
Phone:	E-mail Address:	Phone: Direct:	Fax:

Total number of proposed units:	Total <i>detached</i> units: 0	Total <i>attached</i> units:
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Are the proposed units For-sale _____ (total number) Rental _____ (total number)

Total required permanently affordable units (20% of total above or per <u>annexation</u>):	Total required permanently affordable detached units (20% of total above or per <u>annexation</u>): 0	Total required permanently affordable attached units (20% of total above or per <u>annexation</u>):
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Average floor area, finished & unfinished of proposed <i>detached</i> market rate units: N/A	Average floor area, finished & unfinished of proposed <i>attached</i> market rate units: N/A
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Number of on-site affordable <i>detached</i> units:	Number of on-site affordable <i>attached</i> units:
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Affordable unit number, address (continue on back of form if necessary)	Sq. ft.	Bdrms	Baths	Max. Allowable Sales Price

This agreement runs concurrently and expires with Land Use Approval _____ or Building Permit PMT-N/A. In the event the development approved is not completed by expiration of such approval or permit, or if other development is proposed on the property, a new agreement will be required for compliance with the Inclusionary Housing requirements. This agreement is not transferable to a different LUR/PMT for this property.

Authorized Signatures Note: A revision to this agreement may be applied for prior to issuance of building permit

Applicant Signature:	Date
Printed Name:	Title
Housing Planner:	Date Sent to Applicant:
Division Manager Signature:	Date:

