

AFFORDABLE HOUSING DENSITY BONUS APPLICATION (AHDBA)
Land Development Code Section 2.06.01**Applicant Contact Information**

Name of Property Owner: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Name of Applicant/Agent: _____

Firm: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ E-Mail: _____

Applicability

This application is being submitted as one of the following, to be heard by:

| Board of County Commissioners (BCC) | |
|---|---|
| <input type="checkbox"/> | By Right Density Bonus |
| Collier County Planning Commission (CCPC) and Board of County Commissioners (BCC) | |
| <input type="checkbox"/> | Companion item to Rezone Petition |
| <input type="checkbox"/> | Companion item to SRA Petition |
| <input type="checkbox"/> | Companion item to Conditional Use Petition, pursuant to LDC section 4.02.38 |
| <input type="checkbox"/> | Companion item to Planned Unit of Development Petition |

The completed application, all required submittal materials, and fees shall be submitted to:

Growth Management Community Development Department | GMCD Portal:

<https://cvportal.colliercountyfl.gov/cityviewweb>**Questions? Email:** GMDClientServices@colliercountyfl.gov

Property Information

Property Address: _____ Property ID Number: _____

Section/Township/Range: _____/_____/_____

Subdivision: _____ Unit: _____ Block: _____ Lot: _____

Metes & Bounds Description: _____

Size of Property: _____ ft. x _____ ft. = _____ Total Acreage: _____

Current Zoning Designation: _____

Development Information

Type of development proposed: ☐ Multi-Family ☐ Single-Family ☐ Mixed Use

Gross Density of Proposed Development: _____

Total number of Residential Dwelling Units: _____

Proposed number of Affordable Housing Units: _____

Percent of Affordable Housing Units to Total Housing Units: _____

Total number of Affordable Housing Units – Owner Occupied: _____ Rental: _____

| AHDB Owner-Occupied Units | | | | |
|----------------------------|-----------|-----------|-----------|-----------|
| | 1 Bedroom | 2 Bedroom | 3 Bedroom | 4 Bedroom |
| Gap-Income Households | | | | |
| Moderate-Income Households | | | | |
| Low-Income Households | | | | |
| Very Low-Income Households | | | | |
| Total: | | | | |
| AHDB Rental Units | | | | |
| Gap-Income Households | | | | |
| Moderate-Income Households | | | | |
| Low-Income Households | | | | |
| Very Low-Income Households | | | | |
| Total: | | | | |

Ratio of number of Affordable Housing Units to Ratio of Number of Bedrooms per Residential Unit for Entire Development: _____

Pre-Application Meeting and Final Submittal Requirement Checklist Land Development Code Section 2.06.01

The following Submittal Requirement Checklist shall be utilized during the Pre-Application Meeting and at time of application submittal. At time of submittal, the checklist is to be completed and submitted with the application. **Incomplete submittals will not be accepted.** Documents shall be submitted electronically.

| REQUIREMENTS FOR REVIEW | REQUIRED |
|---|-------------------------------------|
| Application Form , completed with required attachments (download latest version) | <input checked="" type="checkbox"/> |
| Pre-Application Meeting Notes | <input checked="" type="checkbox"/> |
| <u>Affidavit of Authorization</u> , signed and notarized | <input checked="" type="checkbox"/> |
| <u>Property Ownership Disclosure Form</u> | <input checked="" type="checkbox"/> |
| <u>Completed Addressing Checklist</u> (no older than 6 months) | <input checked="" type="checkbox"/> |
| Narrative Statement | <input checked="" type="checkbox"/> |

Application Fee Requirements

Pre-Application Meeting fees, unless waived, are applied as credit towards review fees upon submittal of application, if received within nine months from the date the pre-application meeting is held.

- ☐ Pre-Application Meeting: \$500.00 \$ _____
- ☒ Affordable Housing Density Bonus: \$1,500.00 \$ _____

Public Notice Fee Requirements

- ☐ By Right Density Bonus: Public Notice and associated fees are not applicable
- ☐ Legal Advertising Fee via [Collier Legal Notices](#): \$50.00 \$ _____
(Fee is applicable per advertisement. If a different advertising agency is chosen, the applicant must handle fees directly with the agency and submit an Affidavit of Publication.)
- ☐ Property Owner Notifications: \$1.50 non-certified mail, \$3.00 certified return receipt mail
(Petitioner to pay this amount prior to advertisement of petition) \$ _____

Fee Subtotal: \$ _____

Pre-application fee credit: \$ _____

Total Fees Required: \$ _____

As the authorized agent/applicant for this petition, I attest that all information indicated on this checklist is included in this submittal package. I understand that failure to include all necessary submittal information may result in the delay of processing this petition.

Applicant Signature

Date

Printed Name

Property Owner Affirmation

The owner(s) shall initial in the below designated space to indicate each item has been read:

| Initials: | |
|-----------|--|
| | I have read and understand LDC section 2.06.02 – Purpose and Intent, Implementing an AHDB Program. |
| | I have read and understand LDC section 2.06.03 – AHDB Rating System. |
| | I have read and understand LDC section 2.06.04 – Limitations and conditions on Affordable Housing Density Bonus. |
| | I have read and understand LDC section 2.06.05 -- Affordable Housing Density Bonus Monitoring Program. |

Property Owner Signature

Date

Printed Name