



City of Whitefish
 Planning & Building Dept
 418 E 2nd St | PO Box 158
 Whitefish, MT 59937
 Phone: 406-863-2410

Date Submitted: _____

Associated File #: _____

HOUSING MITIGATION PLAN

INSTRUCTIONS:

- If proposing to provide housing pursuant to the Legacy Homes Program, a pre-submission meeting with city staff and the Housing Coordinator is required. Date of Meeting: _____
- A complete Housing Mitigation Plan accompany the land use permit application.
- The Housing Mitigation Plan will be approved as part of the land use permit.

A. PROJECT INFORMATION:

Project Name: _____
 Street Address: _____
 Assessor's Tract No.(s) _____ Lot No(s) _____
 Block # _____ Subdivision Name _____
 Section _____ Township _____ Range _____

I hereby certify that the information contained or accompanied in this application is true and correct to the best of my knowledge.

 Applicant's Signature

 Date

 Print Name

B. INCENTIVES USED (check all that apply to this project; Planned Unit Development projects may use one column or the other but not both):

Conditional Use Permits:

Subdivision:

- | | |
|--|---|
| <input type="checkbox"/> Reduced Parking for 2+ Bedroom: 20% | <input type="checkbox"/> Reduced Lot Size: 20% |
| <input type="checkbox"/> Increased Maximum Bldg Height: 5-feet (3 floor max and not permitted in the WB-3 zoning district) | <input type="checkbox"/> Reduce Lot Width: 10% |
| <input type="checkbox"/> Increase Lot Coverage: 10% | <input type="checkbox"/> Increase Lot Coverage: 10% |
| <input type="checkbox"/> Increase Density: 20% | <input type="checkbox"/> Increase Density: 20% |

C. LAND USE PERMIT TYPE ACCOMPANYING THIS HMP (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Administrative Conditional Use Permit | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Major Subdivision |
| <input type="checkbox"/> Planned Unit Development | |

D. OWNER/APPLICANT INFORMATION

OWNER(S) OF RECORD:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

APPLICANT (if different than above):

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

OTHER TECHNICAL/PROFESSIONAL:

Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Email: _____

----- **For City Staff Use Only** -----

Approved: _____

Approved with conditions: _____

Denied: _____

PROJECT DETAILS

1. Total Number of Residential Units Proposed Within the Development by Type:

_____ Single-family detached homes
_____ Single-family attached homes (townhouses); in what number of buildings _____
_____ Multi-family (duplex, triplex, apartments, condominiums); in what number of buildings _____
_____ TOTAL
_____ Number of Legacy Home Units Provided for Project (10% of TOTAL above)

2. How Will the Project Provide Legacy Homes? (Select One)

_____ Provide Units Within the Development (Go to Question #3)
_____ Provide a Fee In Lieu of Units (Go to Question #4)
_____ Provide Units Off-Site (Go to Question #5)
_____ Provide Land In Lieu of Units (Go to Question #6)
_____ Other (Go to Question #7)

3. Provide Units Within the Development.

Attach a narrative describing the Area Median Income being served, the unit design, details on amenities and hearing systems, estimated utility costs, estimate HOA fees and standardized deed restriction(s) for the Legacy Homes. Review Chapter 4-6 of the Legacy Homes Administrative Procedures and include pertinent items in the narrative.

4. Provide a Fee In Lieu of Units.

10% of TOTAL Units in Project (in #1 above) _____ x \$294,349 = _____

5. Provide Units Off-Site.

Attach a narrative describing the unit sizes, quality, design and construction. Review Section 4.3.3. of the Legacy Homes Administrative Procedures and include pertinent items in the narrative.

6. Provide Land In Lieu of Units.

Review Section 4.3.4. of the Legacy Homes Administrative Procedures and include pertinent items in the narrative. Attach a narrative and describe the public facilities and services serving this property, its adjacent land uses and, if not fully served by public infrastructure, the proximity to such services. Additionally, describe how the property dedication will further the goals of the Legacy Homes Program and provide an overall public benefit.

Appraised Value of Property: _____
Date of Appraisal: _____ (attach appraisal)

7. Other.

The applicant may propose a combination of any of the above-described options or propose another option for consideration. Attach a narrative describing the proposal.