

**APPLICATION FOR APPROVAL
INCLUSIONARY HOUSING DEVELOPMENT
Sections VII.K and VII.F, Shrewsbury Zoning Bylaw**

This application made in association with an application for:

- ___ Site Plan Approval by Planning Board (Section VII.F)
 ___ Special Permit: Type _____
 ___ Preliminary __ or Definitive __ Subdivision Plan
 ___ Other: Type _____

Attach one copy of this application to each copy of the submission required for the above-listed approvals. The applicant's signature is required on the last page of this form.

1. PROJECT INFORMATION

Name of Applicant(s): _____
 Address of Applicant(s): _____ Phone _____
 Number: _____
 Fax Number: _____
 Email: _____
 Location of Property: _____

 Assessor's Map & Lot #: _____
 Zoning District: _____

2. CALCULATION OF AFFORDABLE HOUSING REQUIREMENT

| (a) | (b) | (c) | (d) |
|------------------------------------|-------------------------------------|---|---|
| Zoning District or Type of Project | Minimum Affordable Unit Requirement | Total Number of Proposed Lots or Dwelling Units | Required Number of Affordable Units ¹ [(b) x (c)] |
| Rural A | 10% | | |
| Rural B | 10% | | |
| Residence A | 10% | | |
| Residence B-1 | 12.5% | | |
| Residence B-2 | 12.5% | | |
| Multi-Family | | | |
| Single- or two-family homes | 12.5% | | |
| Multi-family (MF) units | 15% | | |
| Apartment | 25% | | |
| Senior Housing (all districts) | 15% | | |
| TOTAL | | | |

¹ Where the requirement results in a fraction of a lot or dwelling unit, the fraction shall be rounded up to the nearest whole number, such that a development of five (5) dwelling units shall include one (1) affordable unit, a development of eleven (11) dwelling units shall include two (2) affordable units, and so on.

3. COMPARABILITY OF MARKET-RATE & AFFORDABLE UNITS

See Zoning Bylaw Section VII.K.(5)(g)

Attach representative sample of elevation drawings, floor plans and finish specifications for typical market-rate and affordable units in the development. If some of this information is unavailable on the date of the Inclusionary Housing Application, you may leave an item blank and indicate when the information will be submitted for review. However, the Application will not be approved until all of the information has been received by the Planning Department because the Town will need to submit it to the state. Note: Section VII.K.(5)(g)(1)(b) provides that for a development of detached single-family dwellings, the applicant may propose to locate Inclusion Units in two-family dwellings that are similar in appearance to single-family dwellings. Refer to the Zoning Bylaw and Planning Board regulations for guidance.

Distribution of Units by Unit Type & Number of Bedrooms

| Type of Structure | Enter Number of Units by Number of Bedrooms | | | | | | | |
|------------------------------------|---|---|---|----|------------------|---|---|----|
| | Market-Rate Units | | | | Affordable Units | | | |
| | 1 | 2 | 3 | 4+ | 1 | 2 | 3 | 4+ |
| Detached single-family | | | | | | | | |
| Two-family | | | | | | | | |
| Multi-family garden-type (MF-I) | | | | | | | | |
| Multi-family townhouse-type (MF-2) | | | | | | | | |
| Apartment building | | | | | | | | |
| TOTAL | | | | | | | | |

For items left blank, when do you anticipate submitting the remaining information?

Does this application involve a request for exception(s) to the floor area or bedroom distribution requirements of Section VII.K.(5)(g)? If yes, please explain and provide justification for the exception.

4. DETAILED CHARACTERISTICS OF INCLUSION UNITS²

Complete for Inclusion Units only. For items unknown or uncertain on the date of the Inclusionary Housing Application, write “to be determined.” This information is required by the state in order to add the affordable units to Shrewsbury’s Subsidized Housing Inventory.

| Type of Unit: | # of Units | # Bedrooms | # Baths | Gross Square Feet | Livable Square Feet | Sale Prices/ Rent | Homeowner's Condo Fee |
|---------------|------------|------------|---------|-------------------|---------------------|----------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
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² If the applicant proposes a maximum affordable purchase price or rent that differs from the Planning Board’s guidelines (Section 2.4, Planning Board regulations), attach justification for the proposed purchase prices or rents. Please note that the pricing guidelines in Section 2.4 do not include condominium fees. Condominium unit prices may need to be adjusted.

5. MARKETING PLAN

Attach the proposed marketing plan for the Inclusion Units.

Identify the proposed lottery administrator for this project.

| | |
|------------------------------|--|
| Company or Organization: | |
| Street Address: | |
| City/Town/State and Zip Code | |
| Telephone Number: | |
| Email: | |

6. PRESERVATION OF AFFORDABILITY

Attach a proposed Regulatory Agreement and deed rider (where applicable) only if you intend to request amendments to the Planning Board's standard documents (the most recent documents prepared for use by the Local Initiative Program).

Do you intend to use the standard LIP Regulatory Agreement and deed rider?

Yes No

Identify the proposed monitoring agent for this project. If a monitoring agent has not been identified, you may leave this section blank. However, no building permits will be issued for the development until the monitoring agent has been secured because the monitoring agent must be named in the Affordable Housing Regulatory Agreement.

| | |
|------------------------------|--|
| Company or Organization: | |
| Street Address: | |
| City/Town/State and Zip Code | |
| Telephone Number: | |
| Email: | |

Signed:

Applicant or Authorized Representative

Date