



**OREGON  
CITY**

**CITY OF OREGON CITY**

ECONOMIC DEVELOPMENT

625 Center Street

Oregon City, Oregon 97045

## VERTICAL HOUSING DEVELOPMENT PROGRAM

February 2022

# **Application for Certification Vertical Housing Development Project**

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**City of Oregon City  
Economic Development Department**

**CONTACT INFORMATION**

Manager:	James N. Graham, CEcD	(503) 496-1552
Coordinator:	Ann Griffin	(503) 974-5517

# APPLICATION FOR CERTIFICATION Vertical Housing Development Project

**COMPLETED & SUBMIT TO** — Oregon City Economic Development Department  
625 Center Street, Oregon City, Oregon 97045  
503-657-0891, Fax: 503-657-3339

**Please note:**

- This form is to be submitted along with the noted attachments listed on the accompanying checklist.
- The non-refundable Application charge must accompany the Application.

**Department Use Only:**

Date Filed: \_\_\_\_\_ |  VHDZ \_\_\_\_\_ |  Acceptable |  Rejected \_\_\_\_\_

## PROPOSED VHDZ PROJECT

PROJECT/PROPERTY NAME			
PROJECT/PROPERTY ADDRESS			*Attach project legal description
APPLICABLE TAX LOT(S)			
VERTICAL HOUSING DEVELOPMENT ZONE (VHDZ) IN WHICH LOCATED			
LEGISLATIVE DISTRICTS _____	U.S. HOUSE _____	STATE SENATE _____	STATE HOUSE _____
To find the project's district numbers visit <a href="https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html">https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html</a>			
<b>For the residential units being constructed or rehabilitated as part of the project:</b>			
<input type="checkbox"/> NEW CONSTRUCTION	ANTICIPATED DATE OF CERTIFICATE OF OCCUPANCY _____		
<input type="checkbox"/> ACQUISITION / REHABILITATION	YEAR BUILT _____		
WILL EXISTING TENANTS BE DISPLACED, RELOCATED OR TEMPORARILY RELOCATED DUE TO ACQUISITION/REHABILITATION?			YES <input type="checkbox"/> NO <input type="checkbox"/>
ANTICIPATED DATE OF OCCUPANCY OR RE-OCCUPANCY _____			
ANTICIPATED DATE OF REHABILITATION WORK COMPLETED _____			
BUILDING PERMIT ENTITY _____	CONTACT NAME _____	TELEPHONE _____	

## APPLICANT

NAME _____		TITLE _____	
ORGANIZATION _____			
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP _____	FAX _____
TELEPHONE _____	EMAIL _____		

## PROPERTY OWNER

NAME _____		TITLE _____	
ORGANIZATION _____			
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP _____	FAX _____
TELEPHONE _____	EMAIL _____		

## RESIDENTIAL TARGET POPULATION

<input type="checkbox"/> MARKET RATE	# OF UNITS _____	<input type="checkbox"/> HOME OWNERSHIP	# OF UNITS _____
<input type="checkbox"/> LOW INCOME 80% AMI	# OF UNITS _____	<input type="checkbox"/> RENTAL UNITS	# OF UNITS _____
NUMBER OF YEARS AFFORDABLE AT 80% AND BELOW (IF APPLICABLE) _____			

**PROJECT SITE**

**Unit density of site per local zoning code:**

MAXIMUM # OF UNITS                      MINIMUM # OF UNITS                      PROPOSED # OF UNITS

**Size of site: (one acre = 43,560 square feet)**

ACRES                      OR                      SQUARE FEET:

ARE ALL UTILITIES PRESENTLY AT SITE?    YES     NO

IF NO, WHAT NEEDS TO BE BROUGHT TO THE SITE?

**Building(s) Information:**

NUMBER OF RESIDENTIAL BUILDINGS	NUMBER OF RESIDENTIAL FLOORS
NUMBER OF NON-RESIDENTIAL BUILDINGS	NUMBER OF NON-RESIDENTIAL FLOORS
NUMBER OF BUILDINGS COMPRISING PROJECT	

**If the project consists of more than one building or type of use, are they:**    YES    NO

LOCATED ON THE SAME TRACT OF LAND?       

COMMON OWNERSHIP FOR FEDERAL TAX PURPOSES?       

FINANCED PURSUANT TO A COMMON PLAN OF FINANCING?       

COMMON PROPERTY MANAGEMENT?       

**UNIT MIX/SIZE**

**Unit Mix/Size: Attach separate page if more unit types are needed.**

UNIT TYPE	TOTAL NO. OF UNITS	NO. OF AFFORDABLE UNITS	AVERAGE SIZE (SF)	ACTUAL TOTALS (SF)
RESIDENTIAL AREA				
STUDIO				
1 BEDROOM				
2 BEDROOM				
3 BEDROOM				
4 BEDROOM				
SUB TOTAL RESIDENTIAL UNITS				
RESIDENTIAL COMMON AREA (SF)				
TOTAL RESIDENTIAL AREA (SF)				
RETAIL/COMMERCIAL AREA				
GROSS BUILDING AREA				
GROSS LAND AREA				

**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 Department to request further 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 285C.471, and I understand that receipt of the ten-year partial exemption depends on the county assessor’s satisfaction that the actual project meets and continues to meet applicable requirements.

Signature <b>X</b>	Date
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## NARRATIVE PROJECT SUMMARY

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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.

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**1. Describe the proposed project.** This is your opportunity to explain why this project is being proposed. Describe the location, the current physical conditions of site (and building if rehab), amenities, design, and target population.

X

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**2. Describe the residential and non-residential uses by building, by floor.**

X

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**3. 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?**

X

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**4. Describe how the proposed project is in the best interests of the community and will enhance the local area.**

X

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**5. 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.**

X

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**6. Describe how the project will remain affordable over the entire period of the exemption (if applicable).**

X

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**7. Complete the time table 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/Rehab:

Construction Completion/Rehab:

Certificate of Occupancy:

Exemption Certificate to Assessor:

First Tax Year of Exemption: July 1, \_\_\_\_\_

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# Project Application Checklist

## Vertical Housing Development Project

PROJECT/PROPERTY NAME

TO RESPOND TO THE OAR REQUIREMENTS, THE PROJECT APPLICATION TO THE DEPARTMENT SHALL INCLUDE:

- APPLICATION FOR CERTIFICATION OF A VERTICAL HOUSING DEVELOPMENT PROJECT
- APPLICATION AND MONITORING CHARGE TRANSMITTAL FORM (WITH CHECK ATTACHED)
- VHDZ PROJECT CERTIFICATION AND SUMMARY OF BUILDINGS (EXCEL SPREADSHEET FORM)
- CONFIRMATION PROJECT IS LOCATED ENTIRELY IN A VHDZ
- LIST OF PROJECT'S TOTAL FUNDING SOURCES AND AMOUNTS
- PROJECT'S DEVELOPMENT BUDGET AND TOTAL PROJECT COST
- ARCHITECTURAL PLANS/DESIGN OF THE PROJECT (THE FOLLOWING PAGES ONLY)
  - OVER SITE PLAN WITH TAX LOTS DESIGNATED AND BOUNDARIES OF SITE
  - SUMMARY OF BUILDING(S), FLOOR(S) SQUARE FOOTAGE, TAX LOT(S) SQUARE FOOTAGE
- DETAILED SCOPE OF REHABILITATION WORK (INCLUDING ASSOCIATED LINE ITEM COSTS)  
**(REHABILITATION PROJECTS ONLY)**
- PROVIDE COPY OF THE MOST CURRENT YEAR'S COUNTY ASSESSED VALUE  
**(REHABILITATION PROJECTS ONLY)**
- COUNTY ASSESSOR'S NAME, ADDRESS AND PHONE NUMBER

**THE DEPARTMENT RESERVES THE RIGHT TO REQUEST PROJECT APPLICANT TO PROVIDE SUPPLEMENTAL AND/OR CLARIFICATION INFORMATION.**

**SUBMIT PROJECT APPLICATION TO:** OREGON CITY ECONOMIC DEVELOPMENT  
ATTN: ECONOMIC DEVELOPMENT DEPARTMENT  
625 CENTER STREET  
OREGON CITY, OR 97045

# Vertical Housing Program Processing and Monitoring Charge Transmittal

PROJECT/PROPERTY NAME

CONTACT NAME

PHONE NUMBER

**SUBMIT THE ORIGINAL APPLICATION, THE PROCESSING CHARGE, AND THIS FORM TO:**

OREGON CITY ECONOMIC DEVELOPMENT  
ATTN: VERTICAL HOUSING PROGRAM  
625 CENTER STREET  
OREGON CITY, OR 97045

**COMPLETE THE FOLLOWING:**

- \$550.00 APPLICATION PROCESSING CHARGE (408)
- \$150.00 PROJECT MONITORING CHARGE (409) **Market Rate Residential Units Only**
- \$200.00 PROJECT MONITORING CHARGE (409) **Mix of Market and Low-Income Residential Units**

**Total Amount of Check**

MAKE CHECKS PAYABLE TO: OREGON CITY ECONOMIC DEVELOPMENT

AMOUNT OF APPLICATION CHARGE ENCLOSED: \$ \_\_\_\_\_