

SUBMITTAL DATE: _____



DENSITY BONUS APPLICATION

CITY OF BELVEDERE • PLANNING COMMISSION
450 SAN RAFAEL AVE • BELVEDERE, CA 94920-2336
PH. 415-435-3838 • FAX 415-435-0430 • WWW.CITYOFBELVEDERE.ORG

PROJECT NAME: Mallard Pointe PROJECT ADDRESS: 1-22 Mallard Rd.

ASSESSOR'S PARCEL NUMBER(S): APN 060-072-27, APN 060-072-28, APN 060-072-18

PROJECT DESCRIPTION:

1. LOT SIZE (SQUARE FEET/ACRES): 120,079 sq. ft.
2. TOTAL NUMBER OF UNITS ALLOWED WITHOUT DENSITY BONUS: 56
3. TOTAL NUMBER OF UNITS PROPOSED WITH DENSITY BONUS: 39 (plus 3 ADUs)
4. TOTAL NUMBER OF PROPOSED RENTAL UNITS AFFORDABLE TO:
 - A. VERY-LOW INCOME HOUSEHOLDS: 0
 - B. LOWER INCOME HOUSEHOLDS: 4
 - C. MODERATE INCOME HOUSEHOLDS: 0
5. TOTAL NUMBER OF PROPOSED OWNERSHIP UNITS AFFORDABLE TO:
 - A. VERY-LOW INCOME HOUSEHOLDS: 0
 - B. LOWER INCOME HOUSEHOLDS: 0
 - C. MODERATE INCOME HOUSEHOLDS: 0
6. TOTAL NUMBER OF PROPOSED UNITS FOR SPECIFIC POPULATIONS:
 - A. SENIOR CITIZENS: 0
 - B. TRANSITIONAL FOSTER YOUTHS: 0
 - C. HOMELESS PERSONS: 0
 - D. DISABLED VETERANS: 0
7. DOES THE PROJECT INCLUDE A CONDOMINIUM CONVERSION? No
8. DOES THE PROJECT INCLUDE THE REMOVAL OF PRE-EXISTING CONTRACTED UNITS? Yes

9. DOES THE PROJECT INCLUDE DONATION OF LAND TO THE CITY? No

A. SIZE OF LAND TO BE DONATED TO THE CITY? _____

10. DOES THE PROJECT INCLUDE A CHILD CARE FACILITY? No

A. SIZE OF PROPOSED CHILD CARE FACILITY: _____

11. PROVIDE PLANS (MAY BE COMBINED WITH DESIGN REVIEW PLANS) THAT SHOW THE LOCATION OF THE AFFORDABLE/SPECIFIC POPULATION UNITS.

DEVELOPMENT CONCESSIONS/INCENTIVES/WAIVER-REDUCTION OF DEVELOPMENT STANDARDS:

PLEASE PLACE A CHECK NEXT TO ALL DEVELOPMENT CONCESSIONS/INCENTIVES REQUESTED. ALL REQUESTED MUST BE CLEARLY INDICATED ON PLANS. SUBMIT AN ATTACHMENT DESCRIBING REQUESTED CONCESSION(S)/INCENTIVE(S) AND EXPLAIN HOW THEY RESULT IN IDENTIFIABLE, FINANCIALLY SUFFICIENT AND ACTUAL COST REDUCTIONS.

CONCESSIONS/INCENTIVES:

1. _____ INCREASE IN MAXIMUM LOT COVERAGE
2. _____ REDUCTION IN MINIMUM LOT SIZE
3. _____ REDUCTION IN MINIMUM BUILDING SETBACKS
4. X REDUCTION IN MINIMUM PRIVATE OUTDOOR OPEN SPACE
5. _____ INCREASE IN MAXIMUM BUILDING HEIGHT AND/OR NUMBER OF STORIES
6. _____ REDUCTION IN SETBACKS BETWEEN BUILDINGS
7. _____ INCREASE IN FLOOR AREA (FAR)
8. _____ REDUCTION IN THE MINIMUM NUMBER OF PARKING SPACES
9. _____ OTHER: _____

IN ADDITION TO ANY CONCESSION/INCENTIVE REQUESTED ABOVE, PLEASE LIST REQUESTED WAIVERS OR REDUCTIONS OF DEVELOPMENT STANDARDS THAT PHYSICALLY PREVENT THE PROJECT FROM BEING BUILT AT THE PERMITTED DENSITY.

WAIVER OF REDUCTION OF DEVELOPMENT STANDARDS:

1. Height; Side setbacks; Lot area/unit; Lot coverage on a per lot basis
2. The prohibition on apartment courts and/or apartment houses in the R-2 zone

PARKING RATIOS. PLEASE INDICATE THE NUMBER OF REQUIRED AND PROPOSED PARKING SPACES. THIS INFORMATION SHOULD ALSO BE INCLUDED ON THE SITE PLAN.

1. TOTAL NUMBER OF PARKING SPACES REQUIRED: 65 (per Density Bonus legislation)

2. TOTAL NUMBER OF PARKING SPACES PROVIDED: 102 total (75 assigned spaces; 27 unassigned or apron spaces)

OWNER ACKNOWLEDGEMENTS

I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE OWNER OF SAID PROPERTY. I CERTIFY THAT ALL OF THE SUBMITTAL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OF SUBMITTED DATA MAY INVALIDATE ANY APPROVAL OF THIS APPLICATION.

PROPERTY OWNER SIGNATURE(S) _____ DATE: _____

_____ DATE: _____

APPLICANT ACKNOWLEDGEMENTS

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE WRITTEN AUTHORITY FORM PROPERTY OWNER TO FILE THIS APPLICATION. I CERTIFIED THAT ALL OF THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OF SUBMITTED DATA MAY INVALIDATE ANY APPROVAL OF THIS APPLICATION.

APPLICANT SIGNATURE(S)  _____ DATE: 05/23/2022

_____ DATE: _____

PARTNERSHIPS AND CORPORATIONS

IN THE CASE OF A PARTNERSHIP, ALL GENERAL UNLIMITED PARTNERS SHALL BE IDENTIFIED. IN THE CASE OF A CORPORATION, ALL SHAREHOLDERS OWNING 10% OR MORE OF THE STOCK AND ALL OFFICERS AND DIRECTORS SHALL BE IDENTIFIED.

NAME	ADDRESS	SIGNATURE	DATE
Bruce Dorfman	39 Forrest St. Suite 202 Mill Valley, CA 94941	Mallard Pointe 1951, LLC By: TDP-Belvedere-2020, LLC, its Managing Member By: Bruce Dorfman, Manager	

APPLICANT INDEMNIFICATION AGREEMENT

AS PART OF THIS APPLICATION, THE APPLICANT AGREES TO DEFEND, INDEMNIFY, RELEASE AND HOLD HARMLESS THE CITY OF BELVEDERE, IT'S AGENTS, OFFICERS, ATTORNEYS, COUNCIL MEMBERS, EMPLOYEES, BOARDS, AND COMMISSIONS FROM ANY CLAIM, ACTION OR PROCEEDING BROUGHT AGAINST ANY OF THE FOREGOING INDIVIDUALS OR ENTITIES, THE PURPOSE OF WHICH IS TO ATTACK, SET ASIDE, VOID OR ANNUL ANY APPROVAL OF THE APPLICATION OR RELATED DECISION, OR THE ADOPTION OF ANY ENVIRONMENTAL DOCUMENTS WHICH RELATE TO THE APPROVAL.

THE INDEMNIFICATION SHALL INCLUDE, BUT IT'S NOT LIMITED TO, ALL DAMAGES, COSTS, EXPENSES, ATTORNEY FEES OR EXPERT WITNESS FEES THAT MAY BE ASSERTED BY ANY PERSON OR ENTITY, INCLUDING THE APPLICANT, ARISING OUT OF OR IN CONNECTION WITH THE APPROVAL OF THE APPLICATION OR RELATED DECISION, WHETHER OR NOT THERE IS CONCURRENT, PASSIVE OR ACTIVE NEGLIGENCE ON THE PART OF THE CITY, IT'S AGENTS, OFFICERS, ATTORNEYS COUNCIL MEMBERS, EMPLOYEES, BOARDS, AND COMMISSIONS.

IF FOR ANY REASON ANY PORTION OF THIS INDEMNIFICATION AGREEMENT IS HELD TO BE VOID OR UNENFORCEABLE BY A COMPETENT JURISDICTION, THE REMAINDER OF THE AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT.

I HAVE READ AND AGREE WITH ALL OF THE ABOVE.

APPLICANTS PRINTED NAME: Mallard Pointe 1951, LLC DATE: _____
By: TDP Belvedere-2020, LLC, its Managing Member
By: Bruce Dorfman, Manager

APPLICANTS SIGNATURE:  DATE: _____