



NONPROFIT CONSTRUCTION PERMIT FEE WAIVER REQUEST FORM

DATE: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

NAME AND LOCATION OF PROJECT: _____

THE PROJECT IS : (PLEASE CHECK APPROPRIATE BOX)

DETACHED SINGLE FAMILY DWELLING MULTIPLE UNITS

TOTAL NUMBER OF DWELLING UNITS: _____.

INCOME GROUP SERVING: (PLEASE CHECK APPROPRIATE BOX)

LOW INCOME (51% TO 80% MEDIUM INCOME)

VERY LOW INCOME (31% TO 50% MEDIUM INCOME)

EXTREMELY LOW INCOME (30% BELOW MEDIUM INCOME)

THIS REQUEST IS FOR: REHABILITATION NEW CONSTRUCTION BOTH

IF REHABILITATION WORK, PLEASE DESCRIBE: _____

TOTAL PROJECT COST: \$ _____ . **DOLLAR AMOUNT OF FEE WAIVED:** \$ _____

LIST FUNDING SOURCE(S) OF PROJECT (PROVIDE SOURCE INCOME, PERCENTAGE OF TOTAL PROJECT COST AND PERSON AT LENDING INSTITUTION: _____

REASON FOR REQUEST: _____

PROJECT WILL BE OWNED BY: _____

ANTICIPATED CONSTRUCTION START DATE: _____

LIST WHO AUDITS THE PROJECT TO ENSURE COMPLIANCE WITH LOW INCOME GUIDELINES:

NAME: _____ PHONE NUMBER: _____

INCOME ELIGIBILITY VERIFIED BY: _____ **AUDIT PERIOD (YEAR):** _____

ADDITIONAL COMMENTS: _____

HAAB RECOMMENDATION: APPROVED DENIED **DATE OF ACTION:** _____

COMMENTS: _____

FORWARDED TO COMMUNITY DEVELOPMENT DIRECTOR FOR DECISION **DATE:** _____

APPROVED DENIED **BY:** _____ **DATE:** _____

COMMENTS: _____

