

### DEMOLITION REPLACEMENT GUIDELINES COMMUNITY DEVELOPMENT DEPARTMENT CITY OF WALNUT CREEK

#### **CODES**

The Housing Division processes the Demolition Replacement Form in accordance with <u>SB330 Housing Crisis Act of 2019</u>. Refer to the bill for information related to the residential development replacement and relocation requirements. Housing applications not deemed complete prior to January 1, 2020 will be subject to SB330.

### SUPPLEMENTAL APPLICATION

This is a supplemental application and must be accompanied by a standard Planning Application and Statement of Understanding.



## **DEMOLITION REPLACEMENT FORM**

Supplement to Planning Application
Community Development Department, Housing Division
1666 North Main Street
Walnut Creek, CA 94596
(925) 256-3558 information (925) 256-3500 fax
www.walnut-creek.org website

APPLICANT: PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE SECTIONS

Project Name:						
Project Side Address:						
APN:						
Current Zoning:	Current General Plan Designation:					
DEMOLITION REPLACEMENT UNITS:						
A housing development project cannot be approved if it requires demolition that results in a reduction of the total residential dwelling (units) on the site currently or in the past 5 years.						
1) Does this project require demolition of units?						
Yes						
No (If NO, skip to the affidavit section.)						
# of current total units:						
Greatest # of units on site in last 5 years:						
# of to be demolished units:						
# of proposed total units:						

### **PROTECTED UNITS:**

All "protected" units must be replaced one-for-one. Protected units involve the following:

1) **REGULATORY COVENANTS:** Are there any units that currently are or were within the past five years subject to a recorded covenant, ordinance, or law that restricts rents to levels affordable to persons and families of lower or very low income?

Yes No

# of restricted units:

Signature:

" of restricted diffts.	
	nits that currently are or were within the past five I through a public entity's valid exercise of its police
# of rent/price control units:	
3) <b>OCCUPANCY:</b> Are there any units being de last five years occupied by lower or very low income.	
Yes No	
# of units occupied by lower or very low income tenants:	
4) <b>WITHDRAWN RENTALS:</b> Are there any or lease in accordance with the Ellis Act (Govern 10 years?	units on the site that were withdrawn from rent nment Code Section7060-7060.7) within the past
Yes No	
# of rental units withdrawn:	
REQUIRED ATTACHMENTS:	
Protected Unit Verification Report *Information inputted in the report shall have p request.	proof of documentation and be made available upon
CERTIFICATE AND AFFIDAVIT OF APPL	ICANT:
I am the property owner and hereby authorize the submission of this form.	I am the applicant and authorized by the owner to submit this form.
Print Name:	Date:

# Protected Unit Verification Report

1.	2.	2a.	3.	3a.	3b.	3c.	4.	4a.	4b.	4c.	4d.	5.
Unit Address / number	Currently Occupied (Y/)N)	Date Withdrawn	Rent Restricted (Y/N)	Source of Restriction	Max Rent of Restricted Unit	Max rent affordable to 80% AMI or below (Y/N)	HH Income of Current Occupant	HH Income below 80% AMI (Y/N)	Length of tenancy < or > 5 years	previous tenant HH income if within five years	Previous tenant income below 80% AMI (Y/N)	Unit has Protected Status (Y/N)