



PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

Planning Division

210 Lottie Street, Bellingham, WA 98225

Telephone: (360) 676-6982 Fax: (360) 738-7306 TTY: (360) 676-6883

MULTIFAMILY TAX EXEMPTION APPLICATION

Summary of Process Steps:

(See Bellingham Municipal Code 17.82 for complete requirements and procedures.)

1. Pre-application conference with staff. A meeting with staff to discuss the process and criteria is recommended prior to application.
2. Pre-application neighborhood meeting. Required unless waived. Neighborhood meeting instruction packets are available from the Planning and Community Development Department.
3. Application. Complete the attached application and submit the applicable materials listed on the form along with the required filing fee. A Design Review Application shall be included (and all applicable environmental documents) if one has not already been processed for the project. Design Review Application forms are available at the Planning and Community Development Department and on its website.
4. Review Process. A Tax Exemption Application shall be reviewed together with a Design Review Application if Design Review has not already been processed for the project. Exception: When Design Review Approval has already been issued, Tax Exemption Approval may be processed separately and may result in additional conditions placed on the proposal.

The review process for a Tax Exemption Application is as follows:

- a. The Planning and Community Development Department reviews the application under the procedure for Planned Development (BMC 20.38.040) and within 90 days determines whether it is consistent with the criteria in BMC 17.82.020 D.
- b. If the proposal is found to be consistent, the Director may certify the project as eligible for the tax exemption and forward a contract containing proposed development conditions to the City Council for approval.
- c. Upon approval of the contract by the Council, the Director issues a Conditional Certificate of Acceptance of Tax Exemption.
- d. If the Director denies the eligibility for tax exemption, the applicant may file an appeal within 30 days. The City Council decides the appeal.

5. Application for Final Certificate. The project must be completed within three years, or within any authorized extension.
 - a. The applicant submits a statement of completion including information regarding expenditures and work completed.
 - b. Within 30 days of receipt of the statement, the Director determines whether the project has been completed in accordance with the contract and time limits.
 - c. If approved, the Director files a Final Certificate of Exemption with the Whatcom County Assessor.
 - d. If denied, the applicant may file an appeal within 14 days. The Hearing Examiner decides the appeal.

6. Annual compliance review. Within 30 days after each annual anniversary of the date of filing of the Final Certificate, the applicant submits a notarized declaration containing information required in BMC 17.82.030 J.

Criteria for Project Design:

Project design shall be consistent with City design criteria outlined in BMC 20.25.



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<p>TO BE COMPLETED BY STAFF</p> <p>TIDEMARK PROJECT/CASE # _____</p> <p>DATE APPLICATION RCVD _____</p> <p>ASSIGNED TO: _____</p>

APPLICATION FOR MULTIFAMILY TAX EXEMPTION

(PLEASE TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK)

(Prior to filing, the proposal should be discussed in detail with the Planning Division)

The below listed property owners hereby make application for a tax exemption under the provisions of BMC 17.82:

1. Applicant: _____

Mailing Address: _____

Phone Number: _____ FAX: _____

Signature: **(REQUIRED)** _____

2. Property owner(s) (List **all** persons with an ownership interest in the property if different than applicant.): _____

Mailing Address: _____

Phone Number: _____ FAX: _____

Signature(s) **(REQUIRED)** _____

The above signed property owners certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application.

3. Contact Person & Professional Title (This is the single point of contact that should receive all notices, mailings, information, etc): _____
 Company/Firm: _____
 Mailing Address: _____

 Day Phone #: _____ FAX _____ Email _____
 4. Street Address of subject property (or general location if it is vacant land): _____

 5. Tax Assessor's Parcel Number(s) **(required for complete application)**: _____

 6. Property legal description (attach if necessary): _____

 7. Property site area is: _____ square feet.
 8. **LAND USE CLASSIFICATION:**
 Neighborhood Plan Name: _____ Subarea Number: _____
 General Use Type and Use Qualifier: _____
 9. Description of the proposal, including all uses in the proposed building and project (be specific):

 10. Total number of dwelling units in proposal: _____
 11. Number of existing occupied residential units: _____
 12. Number of units for which a tax exemption is requested: _____
- | | |
|----------------------------------|--|
| Number of these that are: | New construction: _____ |
| Condominiums: _____ | Rehabilitation of vacant units: _____ |
| Apartments: _____ | Conversion from non-residential use: _____ |
13. Projected cost of new residential construction/rehabilitation: \$ _____
 Projected cost/SF of new commercial construction/rehabilitation: \$ _____ SF
 Total projected cost of new construction/rehabilitation: \$ _____
 Total projected resale price of residential condominiums: \$ _____
 Source of cost estimate: _____
 14. Anticipated construction start date: _____
 15. Anticipated project completion date: _____

SUBMITTAL CHECKLIST:

- Application form
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All requested information must be provided.
- Filing fee

Applicable fee as calculated by Planning staff.
See separate Fee Schedule.
- Narrative Statement

Describe the proposal including all uses in the proposed building and on site amenities (be specific).
- Residential Plan Data Sheet
- Signed Statement of Additional Tax, Interest and Penalty Due

Complete the form attached.
- Affidavit of Building Vacancy
- Statement Documenting Violation of Local Housing Standard by Building Official

Complete the form attached.
- Design Review Application

All requested information must be provided. Exception:
If design review has already been processed and issued for the project, provide a complete copy of the Design Review Permit including approved plan sets.
- Mailing list
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If design review has already been processed and issued for the project, provide an updated mailing list for the same radius required for the design review permit.
- Any Other Associated Land Use Applications

Consult with Planning & Community Development Department staff to determine whether land use permits are required.

**CITY OF BELLINGHAM PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT
MULTIFAMILY RESIDENTIAL PLAN DATA SHEET**

Provide the following information for the proposed development. Use definitions and calculation methods in BMC Title 20 Land Use Development.

Total number of dwelling units: _____

	Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Existing units					
Proposed units					
-Demolished units	-	-	-	-	-
Total net units					

Total site area: _____ square feet

Proposed Density: _____ square feet of land area per dwelling unit

Lot coverage: _____ square feet. _____ percent of site

Open space: _____ square feet. _____ percent of site

Total useable recreation space: _____ square feet

Private useable space: _____ square feet

Common usable space: _____ square feet

Describe type of useable recreation space provided (decks, yards, indoor, outdoor, recreation buildings, type of recreational facilities and equipment, etc.):

Total number of parking spaces proposed: _____

Number of garage parking spaces: _____

Number of carport parking spaces: _____

Check Yard Setback Options Taken:

- None
- Side yard window wall
- Rear yard window wall
- Side yard wall without window
- Rear yard wall without window

Check Lot Coverage Option Taken:

- Standard 35%
- 45%
- 55%
- 65%
- 75%

Height of tallest building: _____ feet under definition #1

_____ feet under definition #2

**STATEMENT OF ADDITIONAL TAX, INTEREST, AND PENALTY DUE
UPON CANCELLATION OF MULTI-FAMILY HOUSING EXEMPTION**

If the exemption is canceled for noncompliance, an additional tax shall be imposed as follows:

- (a) The difference between the tax actually paid and the tax which would have been due for the pro rata share of the tax year following cancellation, and for each tax year thereafter, if the improvements had been valued without exemption, (not to exceed 3 years before discovery of the noncompliance); plus
- (b) A penalty of 20 percent of the difference, plus
- (c) Interest at the statutory rate on (a) + (b) from the date tax could have been paid without penalty if the improvements had been assessed at a value without regard to the exemption.

The additional tax, interest and penalty (a) + (b) + (c) are due within the times provided by RCW 84.40.350 - 84.40.390, and the total bears interest thereafter at the rate provided for delinquent property taxes.

The additional tax, penalty and interest constitute a lien by Whatcom County upon the land which attaches at the time the property is no longer eligible for exemption, and has priority to and must be fully paid and satisfied before a recognizance, mortgage, judgment, debt, obligation, or responsibility to or with which the land may become charged or liable.

AFFIRMATION

As owner(s) of the land described in this application, I hereby indicate by my signature that I am aware of the additional tax liability to which the property will be subject if the exemption authorized by Bellingham Municipal Code Chapter 17.82 is canceled. I declare under penalty of perjury under the laws of the State of Washington that this application and any accompanying documents have been examined by me and that they are true, correct and complete to the best of my knowledge.

Signed at _____, Washington this ____ day of _____, 20__.

Signature(s) of all Owner(s) and Contract Purchaser(s) **(REQUIRED)**:

_____	_____
_____	_____
_____	_____

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Affidavit of Building Vacancy
(Corporate Ownership Format)

I/we, owner(s) of the building described herein, hereby swear under penalty of perjury that the dwelling units for which a tax exemption has been requested, described as:

Address: _____

Legal Description: _____

Assessor's Parcel Number(s): _____

Number of vacant dwelling units: _____

Unit numbers: _____

have been vacant for at least 12 consecutive months prior to application and are currently vacant.

EXECUTED this _____ day of _____ 20____.

STATE OF WASHINGTON)
)**SS**
COUNTY OF WHATCOM)

I CERTIFY that I know or have satisfactory evidence that _____,
signed this instrument, on oath stated that he/she is authorized to execute the instrument and
acknowledged it as the _____ of _____
to be the free and voluntary act of such party for the uses and purposes mentioned in the
instrument.

DATE

(Seal or stamp)

SIGNATURE OF NOTARY PUBLIC

PRINTED NAME

TITLE

DATE APPOINTMENT EXPIRES

