



CITY of THE DALLES
313 COURT STREET
THE DALLES, OREGON 97058

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VERTICAL HOUSING ZONE APPLICATION PACKET
Revised October 2023

Vertical Housing Zone Manager
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**Project Application Checklist
Vertical Housing Development Project**

PROJECT/PROPERTY NAME

THE PROJECT APPLICATION SHALL INCLUDE THE FOLLOWING:

☐ APPLICATION FOR CERTIFICATION OF A VERTICAL HOUSING DEVELOPMENT PROJECT

☐ VHDZ PROJECT CERTIFICATION AND SUMMARY OF BUILDINGS (EXCEL SPREADSHEET FORM)

☐ CONFIRMATION PROJECT IS LOCATED ENTIRELY IN THE 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)

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

SUBMIT PROJECT APPLICATION TO:

CITY OF THE DALLES
ATTN: VERTICAL HOUSING ZONE MANAGER
313 COURT ST
THE DALLES, OR 97058



**APPLICATION FOR CERTIFICATION
Vertical Housing Development Project**

COMPLETED & SUBMIT TO—
CITY OF THE DALLES
ATTN: VERTICAL HOUSING ZONE MANAGER
313 COURT ST
THE DALLES, OR 97058

Department Use Only:

Date Filed: _____ | ☐ Acceptable | ☐ Rejected

PROPOSED VHDZ PROJECT

PROJECT/PROPERTY
NAME

PROJECT/PROPERTY _____ *Attach project legal description

APPLICABLE TAX
LOT(S)

For the residential units being constructed or rehabilitated as part of the project:

☐

NEW CONSTRUCTION

ANTICIPATED DATE OF CERTIFICATE
OF OCCUPANCY

☐

ACQUISITION /
REHABILITATION

YEAR BUILT

WILL EXISTING TENANTS BE DISPLACED, RELOCATED OR
TEMPORARILY RELOCATED DUE TO ACQUISITION/REHABILITATION?

YES

NO

☐☐

ANTICIPATED DATE OF OCCUPANCY OR RE-
CCUPANCY

ANTICIPATED DATE OF REHABILITATION WORK
COMPLETED

APPLICANT

NAME

TITLE

ORGANIZATION

MAILING

CITY

STATE

ZIP

TELEPHONE

EMAIL

PROPERTY OWNER

NAME

TITLE

ORGANIZATION

MAILING

CITY

STATE

ZIP

TELEPHONE

EMAIL

RESIDENTIAL TARGET POPULATION

<input type="checkbox"/>	MARKET RATE	# OF UNITS	<input type="checkbox"/>	HOME OWNERSHIP	# OF UNIT S
<input type="checkbox"/>	LOW INCOME 80% AMI	# OF UNITS	<input type="checkbox"/>	RENTAL UNITS	# OF UNIT S
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?	<input type="checkbox"/>	<input type="checkbox"/>
COMMON OWNERSHIP FOR FEDERAL TAX PURPOSES?	<input type="checkbox"/>	<input type="checkbox"/>
FINANCED PURSUANT TO A COMMON PLAN OF FINANCING?	<input type="checkbox"/>	<input type="checkbox"/>
COMMON PROPERTY MANAGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>

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 City 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 X	Date
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NARRATIVE PROJECT SUMMARY

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. Please attach a separate sheet if necessary.

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 _____

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

X _____

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 _____

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

X _____

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 _____

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

X _____

7. Complete a 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.

X _____

