RECOMMENDED ACTION AND JUSTIFICATION: Adoption of a resolution directing the Chairman's signature on the attached agreement requiring property owner to rent housing units to low/moderate income families for a 30 year period and approval of a building permit fee refund of $4,089.58.

The granting of density bonuses or other incentives to promote the construction of low and moderate income housing projects is a requirement of State law and a policy within the Housing Element of the County's General Plan. The Housing Element also specifically provides for granting of building permit fee waivers or refunds as an appropriate incentive in support of the development of this type of housing. In accordance with State law, the County must insure that the housing for which an incentive has been granted remains available to the targeted residents for at least 30 years. The attached agreement is structured to provide the required assurances.

The refunds would be paid from the building permit fee account and would result in a reduction in net fee revenue.

BACKGROUND AND HISTORY OF BOARD ACTIONS: None on these requests, which are the first of this type received.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Deny fee refunds. This action would be contrary to the housing policies contained within our Housing Element.
2. Approve refunds without execution of the recommended agreement. This action would be contrary to State law (G.C. Section 65915).
3. Continue Matter to obtain additional information.

COSTS: ( ) Not Applicable
A. Budgeted current FY $0
B. Total anticipated costs $4,089.58
C. Required add'l funding $0
D. Source: 

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $0
B. Unanticipated revenues $0
C. Reserve for Contingency $0
D. Description: 

Balance in Reserve for Contingency if approved: $0

CLERK'S USE ONLY:
Res. No.: 90 - 404
Ord. No.: 
Vote - Ayes: 5 Noes:
Absent: Abstained:
Approved ( ) Denied
( ) Minutes Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: [signature]

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:

Recommended
Not Recommended
For Policy Determination
Submitted With Comment
Returned for Further Action

Comment: [signature]

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
ATTEST: MARGIE WILLIAMS
County of Mariposa, State of CA
By: ___________________________ A.O. Initials: ___________________________
   Deputy

Action Form Revised 12/89