

RESIDENTIAL DWELLING UNIT ALLOCATION

Administrative Review Application Form

Incomplete applications will be returned to the applicant

Planning Department

Civic Center North
470 South Allison Parkway
Lakewood, CO 80226-3127
Voice: 303-987-7505
Fax: 303-987-7990 Email: pod@lakewood.org
<http://www.lakewood.org/planning>

Allocations are required for new construction of any residential dwelling unit in the City of Lakewood. Residential projects requesting allocations for no more than 40 dwelling units within a calendar year are reviewed administratively and allocations are issued on a pro rata basis.

Residential projects requesting 41 or more dwelling unit allocations in a calendar year should reference and apply using the "Public Hearing Review Application Form". For additional information on the [Residential Growth Limitation see Chapter 14.27](#) of the Lakewood Municipal Code.

INSTRUCTIONS (please complete all applicable sections of this form)

Applications may be submitted online or in-person. To submit online, please e-mail to: PlanningForms@lakewood.org. To submit in-person, please return completed application with payment to the address provided above.

Application Fee

The \$75.00 non-refundable application fee shall be paid when the application form is submitted. How would you like to pay?

☐ Submit a Check ☐ Mail a Check ☐ Electronic (Visa, MasterCard, Discover)

Payment in the form of check can be made out to the City of Lakewood. For electronic payment you will receive a call from a staff member. For electronic payment complete the payee info below:

Payee Name: _____ Phone: _____ Email: _____

PROPERTY INFORMATION

Property / Project Address: _____

Project Description: _____

Subdivision Name: _____ Block: _____ Lot(s): _____

Zone District: _____ Property Size: _____ Number of Existing Dwelling Units: _____

APPLICANT / CONSULTANT / OWNER INFORMATION

Name: _____ Phone: _____

Firm: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Property Owner Information ☐ Check box if same as Applicant / Consultant, or

Name: _____ E-Mail: _____ Phone: _____

Property Owner Address: _____ City: _____ State: _____ Zip: _____

RESIDENTIAL DEVELOPMENT (select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Single-family dwelling unit | <input type="checkbox"/> Accessory dwelling unit |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Attached dwelling units/Townhomes |
| <input type="checkbox"/> Multifamily dwelling units | <input type="checkbox"/> Mobile Home |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Group Residential Facility |

ALLOCATION REQUEST

Number of allocations requested with this application form _____

Allocation Year: _____

Allocation Pool Period: ☐ Open: Jan-May 31st ☐ Open: June-Oct 31st ☐ Affordable: Jan 1-May 31st
☐ Hardship: Jan 1-October 31st ☐ Surplus: Nov 1st-Dec 31st

Have you received allocations for this development project prior to this request? _____ If so, how many: _____

Total number of residential units in project: _____

BANKING PLAN

☐ This project has an existing banking plan that expires on _____ with a total of _____ banked allocations.

☐ I am requesting a banking plan to extend the period of validity for any issued allocations.

Number of Allocations requesting to be banked with this application form: _____

When do you intend on using the banked allocations? ☐ Within the Calendar Year ☐ Beyond the Calendar Year

Reason for banking allocations: _____

CERTIFICATION: I hereby certify that to the best of my knowledge and belief, all information supplied with this application is true and accurate and that consent of the property owner listed above, without which the requested action cannot lawfully be accomplished, has been granted. Permission is also hereby granted to the City of Lakewood staff to physically enter upon and inspect the subject property and take photographs as necessary for preparation of the case.

☐ Please enter 'YES' in the box to affirm the above statement.

Applicant Name: _____ Signature: _____ Date: _____

For Staff to Complete

Allocation Case No.: _____ Case Address: _____

Project Name _____

Project Description _____

Administrative Review

Number of allocations awarded: _____

Total number of banked allocations: _____ Banking Plan Case Number: _____

Year of Banking Plan Approval : _____ By: _____ Planning Director _____ Planning Commission

Banking Plan Expiration Date: _____

Staff Initials/Project Managers

Planning ____/____ Planning Case Number(s): _____ Zoning: _____