



City of Salinas

COMMUNITY DEVELOPMENT DEPARTMENT

65 W. Alisal Street, 2nd Floor • Salinas, California 93901  
(831) 758-7387 • (831) 775-4258 (Fax) • www.ci.salinas.ca.us

**DATE:** October 13, 2022  
**TO:** Thomas Wiles, Senior Planner  
**FROM:** Luis Ochoa, Sr. Community Development Analyst  
**RE:** Housing Division – 2<sup>nd</sup> Set of Plan Review Comments  
Requirements for Mixed Used Development at John St & Abbott St  
PUD 2020-002  
CUP 2020-030  
ER 2020-018

As required by Section 17-16 of the City of Salinas Inclusionary Housing Ordinance, the above referenced project described as consisting of a hotel, retail, office, mixed use buildings and 242 multi-family dwelling units on a 19.7-acre site composed of 10 proposed lots requires either of the following:

1. The submission of an Affordable Housing Plan as part of the application for first approval of any residential development; or
2. Complete Intent to Pay in-lieu Fees or Rental Housing Impact Fees Plan

In the information provided by the development team on its 4<sup>th</sup> project resubmittal, the development team indicated that a proposal for in-lieu fees is going to be provided. The in-lieu fee proposal was not attached along with the submittal information. In order for the Housing Division to provide a thorough review of the proposal, the development team needs to provide that said in lieu proposal in the attached provided template format.

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should the Developer/Owner require additional assistance or have any questions regarding the above provided comment, please contact Luis Ochoa at 831-758-7338 or via e-mail at [luis.ochoa@ci.salinas.ca.us](mailto:luis.ochoa@ci.salinas.ca.us), or Rod Powel, Planning Manager at 831-758-7487 or via email at [rodp@ci.salinas.ca.us](mailto:rodp@ci.salinas.ca.us).

# City of Salinas

## Intent to Pay in Lieu Impact Fee

**Date:** [Enter date]

**Project Description:** [Provide project description]

**Project Application Date:** [Date of project first submitted to the Community Development Department]

**Project Address:** [Project address(es)]

**Project APN:** [Project APN(s)]

**Owner:** [Legal Property Owner]

**Developer:** [Developer name and address]

**Project Link To:** [List all entitlement permits that this project is link to]

**Inclusionary Option:** [Indicate selected Inclusionary Program option you are selecting]

**Fee Selection:** [Select between Rental Impact Fee or In Lieu Fee]

**Restriction Type:** [Selection to be completed by the Housing Division]

**Project Units:** [Describe the project's unit composition]

- \_\_ SRO Units
- \_\_ Studio Units
- \_\_ 1-Bedroom Units
- \_\_ 2-Bedroom Units
- \_\_ 3-Bedroom Unit
- \_\_ 4-Bedroom Unit

**Proposed Unit Placement:** Table and Site Plan/ Floorplan Diagram showing unit type and placement of unit types by project or project phasing. (Attachment A)

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[Name]  
Authorized Representative

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Date

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Rod Powell  
Planning Manager

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Date

**Attachment A**  
**Table and Diagram of Unit Type and Placement**

<b>Income</b>	<b>SRO</b>	<b>Studio</b>	<b>1 Bedroom</b>	<b>2 Bedroom</b>	<b>3 Bedroom</b>	<b>4 Bedroom</b>	<b>Total</b>
<b>Total</b>							

[Insert Site Plan / Floorplan Diagram or description of how units are going to be distributed throughout the project. If project is going to be develop in phases, please describe how units are going to be distributed among all phases of the development]