



**TOWN OF LITTLETON**  
**APPLICATION TO THE PLANNING BOARD**  
**INCLUSIONARY HOUSING**  
**FORM 1F**  
ADOPTED May 3, 2018

Littleton Town Offices  
 37 Shattuck Street  
 Room 303  
 Littleton, MA 01460  
 (978) 540-2425

\*Attach this Inclusionary Housing Form to the special permit or subdivision application for the project that is required to comply with Article XXIX\*

Project Name: \_\_\_\_\_

Project Type: \_\_\_\_\_

Total Proposed Dwelling Units: \_\_\_\_\_ Required Number of Affordable Units: \_\_\_\_\_

Proposed Number of Affordable Units: \_\_\_\_\_

Is the Applicant requesting a density bonus for providing more on-site affordable units than the minimum required under Article XXIX?  Yes  No

**Proposed Method of Compliance:**

On-Site Affordable Units

Fee in Lieu of Units

**ON-SITE UNITS**

**Equitable Treatment of Affordable Units.** Attach a site plan or other documentation showing how the affordable units will be distributed throughout the development.

	Number of Units by Number of Bedrooms			
	1 Bedroom	2 Bedrooms	3 Bedrooms	4+ Bedrooms
Market-Rate	_____	_____	_____	_____
Affordable	_____	_____	_____	_____

How will the affordable units be made indistinguishable on the exterior from market-rate units? Provide sufficient detail for the Planning Board to understand how the applicant will comply with this requirement. Attach sample elevation drawings for market-rate and affordable units. Attach brief narrative response below or on separate page if necessary.

**Affirmative Fair Housing Marketing Plan.** Identify the qualified individual or firm that will prepare the AFHMP for this development. Attach the AFHMP preparer's resume and list of recent developments for which the AFHMP was developed by the preparer and approved by DHCD.

**Lottery Agent**

Name: \_\_\_\_\_

Address & Contact Information:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Fee in Lieu of Units (to be paid to the Littleton Affordable Housing Trust)**

1. Required Number of Affordable Units: \_\_\_\_\_
2. HUD Income Limit, 4-Person Household: \_\_\_\_\_
3. Total Fee in Lieu (1 x 2): \_\_\_\_\_

**Applicant Certification**

The Applicant understands, agrees, and certifies that:

1. The proposed project is accurately represented in the statements made in this Inclusionary Housing Form;
2. All applicable submission requirements in the Planning Board's Rules and Regulations have been met;
3. For developments that create affordable units, the lottery and owner/tenant selection process shall be monitored at the applicant's expense by the Town's monitoring agent unless DHCD designates a different monitoring agent;
4. No application for any building permit shall be made unless and until the Planning Board or its designee has verified that all conditions of Article XXIX have been met for this development;
5. Requests for building permits for market-rate and affordable units (or payment of fee in lieu of affordable units) shall comply with § 173-204(C) of the Zoning Bylaw; and
6. No certificate of occupancy shall be requested for any affordable unit until an affordable housing deed restriction in a form approved by Town Counsel has been executed and recorded with the Registry of Deeds.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_