CENTER CITY DEVELOPMENT & OPERATIONS

sa.Gov Home (http://www.sanantonio.gov/default.aspx) > CCDO (http://www.sanantonio.gov/ccdo) > COSA Fee Waiver Program Application Form (Default.aspx) > Step 2

*Required Fields

COSA FEE WAIVER REQUEST FORM

APPLICATION INFORMATION				
* Project Owner:				
Diagon choose th				
Please choose the	e program that applies to your application	•		
	Owner Occupied Repair/Rehab (Existing Affordable Housing Development Historic Rehabilitation (Residential or Con Small Business Legacy Business Owner-Occupied Repair/Rehab (Existin Please select the home repair/rehabilitatio Owner-Occupied Rehabilitation/Recons Minor Repair (managed by a City of Sar Under 1 Roof Lets Paint Green & Healthy Homes Owner-Occupied Rehabilitation or Repair	nmercial) g <u>Homeowners</u>) n program you are participa ruction (managed by a nor Antonio)	pprofit organization)	
	Other	in riogram (managed by a	nonpront organization)	
	Culei			
Applicant/Point of Contact:	Applicant will be the point of contact on all is	sues and questions conce	rning this appliation and	l project.
* Project Role:	Developer Contractor Homeowner Owner/Developer Other			
* Applicant Name:			* Title:	
Company Name:				
* Applicant Address:				
* City:	San Antonio * State	ТХ	* Zip Code:	
* Phone:	Fax		* Email:	



APPLICATION INFORMATION

* Project Owner:

Please choose the program that applies to your application:

- * Project Type: Owner Occupied Repair/Rehab (Existing Homeowners)
 - Affordable Housing Development
 - Historic Rehabilitation (Residential or Commercial)
 - Economic Development
 - OSmall Business
 - Legacy Business

Affordable Housing

Existing housing units to be rehabilitated/Repaired

New Housing Units Planned (Total):

Affordable Housing Profile:

Units at 120% AMI - (for-sale only):

Units at 80% AMI - (for-sale and renta) :

Units at 60% AMI:

Units at 30% AMI:

Other (please specify):

Total Affordable Housing Units:

Unit Mix:

NOTE: The mix of affordable units must be comparable to the unit mix of market-rate units.

Studio/Efficiencies:	
1 Bedroom:	
2 Bedroom:	
3 Bedroom:	
4+ Bedroom:	

Applicant/Point of Contact:

Applicant will be the point of contact on all issues and questions concerning this appliation and project.

* Project Role:	Developer Contractor Homeowner Owner/Developer Other					
* Applicant Name:]		* Title:		
Company Name:				1		
* Applicant Address:]		
* City:	San Antonio	* State:	TX		* Zip Code:	
* Phone:		Fax:			* Email:	

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APPLICATION INFORMATION	
* Project Owner:	
Please choose th	e program that applies to your application:
* Project Type:	 Owner Occupied Repair/Rehab (Existing Homeowners) Affordable Housing Development Historic Rehabilitation (Residential or Commercial) Economic Development Small Business Legacy Business
	Historic Rehabilitation (Residential or Commercial)
	Is your preoperty currently a designated historic landmark and/or located within a designated historic district? Yes No
Applicant/Point of Contact:	Applicant will be the point of contact on all issues and questions concerning this appliation and project.
* Project Role:	Developer Contractor Homeowner Owner/Developer Other
* Applicant Name:	* Title:
Company Name:	
* Applicant Address:	
* City:	San Antonio * State: TX * Zip Code:
* Phone:	Fax: * Email:
	Step 2 of 4

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COSA FEE WAIVER REQUEST FORM

APPLICATION INFORMATIO	N		
* Project Owner:			
Please choos	e the program that applies to your application	n:	
* Project Type:	 Owner Occupied Repair/Rehab (Existing Hor Affordable Housing Development Historic Rehabilitation (Residential or Comme Economic Development Small Business Legacy Business Economic Development: Target industry Under this category, eligibility is determined b https://www.sanantonio.gov/edd/development opportunities/Incentives) For more information, please contact Karen D 	ercial) y the City's Tax Abatement Guide t-opportunities/Incentives (https://	
Applicant/Point of Contact:	Applicant will be the point of contact on all issu	es and questions concerning this	s appliation and project.
* Project Role:	Developer Contractor Homeowner Owner/Developer Other		
* Applicant Name:		* Title	3:
Company Name:			
* Applicant Address:			
* City:	San Antonio * State:	TX	* Zip Code:
* Phone:	Fax:		* Email:
		Step 2 of 4	

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COSA FEE WAIVER REQUEST FORM

APPLICATION INFORMATION	N					
* Project Owner:						
Please choose	the program that applies to yo	ur applicatio	n:			
	Owner Occupied Repair/Rehat Affordable Housing Developme Historic Rehabilitation (Resider Economic Development Small Business Legacy Business <u>Small Business</u> Are you a Small Business Owne Yes No	nt ntial or Comm	ercial)			
	Is your business located in the S Yes No Has your business been operation Yes No Do you have current certification Yes No (If No, please click How many jobs do you expect the second se	ing for a Minir ns from the S c on the link to	num of 5 years? outh Central Tex o submit an app	kas Regional Certifi lication for free): Cl	ick here for sctrca	
Applicant/Point of Contact:	For any questions or further cla SBEDAinfo@sanantonio.gov. (r Applicant will be the point of cont	rifications plea nailto:SBEDA	ase contact Sma info@sananton	all Business Office io.gov)	at (210)207-3903	
* Project Role:						J
* Applicant Name:				* Title:		
Company Name:						
* Applicant Address:						
* City:	San Antonio	* State:	ТХ		* Zip Code:	
* Phone:		Fax:			* Email:	

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COSA FEE WAIVER REQUEST FORM

APPLICATION INFORMATION		
* Project Owner:		
Please choose th	e program that applies to your application:	
* Project Type:	 Owner Occupied Repair/Rehab (Existing Homeowners) Affordable Housing Development Historic Rehabilitation (Residential or Commercial) Economic Development Small Business Legacy Business 	
	Legacy Business	
	Is the business seeking fee waivers currently registered as a Leg Yes No Not Sure Has the business Seeking fee waivers been in operation for at le Yes No	
Applicant/Point of Contact:	Applicant will be the point of contact on all issues and questions c	oncerning this appliation and project.
* Project Role:	Developer Contractor Homeowner Owner/Developer Other	
* Applicant Name:		* Title:
Company Name:		
* Applicant Address:		
* City:	San Antonio * State: TX	* Zip Code:
* Phone:	Fax:	* Email:
	▼	
	Step 2 of 4	

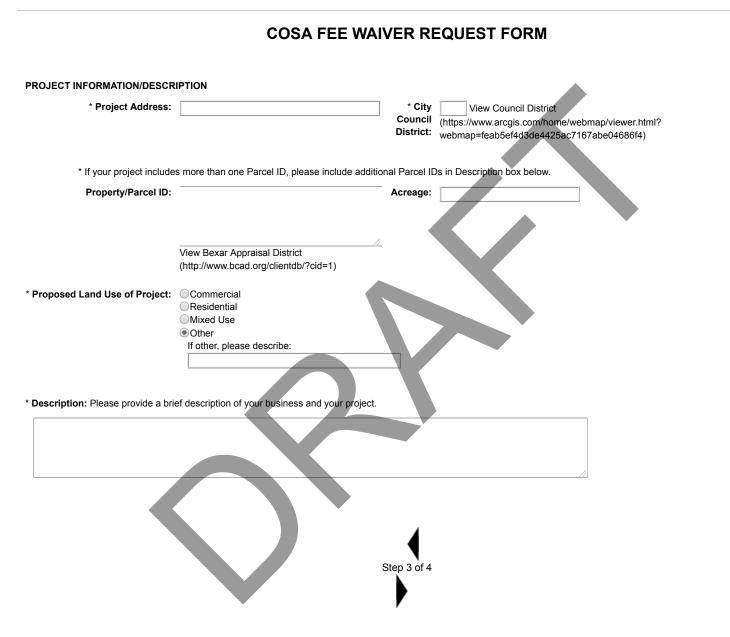
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	COSA FEE WAIVER REQUEST FORM
PROJECT INFORMATION/DESCRIPTION CONTINUE	
* Proposed Project Cost: \$	* Construction Start Date:
Current Zoning of Project Site:	* Construction Completion Date:
* Are you requesting a City fee waiver? • Yes • No	
* Estimate of City Fees: \$ total of both columns)	Click here for Plan Fee Estimator. (https://www.sanantonio.gov/DSD/Online/Fee/Estimator) (Enter
* Has your project applied for incentives through any ot	her City departments? Yes No
If yes, what department and program:	
* Are you requesting SAWS water/sewer impact fee wa	ivers for your project? • Yes No
* Estimated Claim Date:	t fee waiver?
Attach SAWS Service Cost Estimate if amount reque	ested is over \$50,000.
For more info on water/sewer impact fees, please co	ontact SAWS at (210)704-7297.
For questions with thi	s application, please email ICRIPAdmin@sanantonio.gov. (mailto:ICRIPAdmin@sanantonio.gov)
Select the file to u	Dload: Choose File No file chosen Submit Request
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