



AFFORDABLE HOUSING PLAN WORKSHEET

1. DEVELOPER INFORMATION

Developer/Contact Name: Davis Lumberyard LLC / Doug Buzbee / Scott Cooper

Developer Address: 2 Cooper Street

Developer City: Camden State: NJ Zip: 08102

Phone: 925.766.3882 / 310.709.1887 Email: dbuzbee@dbreconsulting.com / scooper@tmo.com

2. PROJECT INFORMATION

Project Address/Location: 500 G Street, Davis, CA 95616

Project Name: The Lumberyard

Time frame for project completion: Q3 2026

If Renter Occupied, Provide Owner/Manager Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PLANNED TENANCY	TYPE OF CONSTRUCTION
<input type="radio"/> Renter Occupied <input type="radio"/> Owner Occupied	<input checked="" type="radio"/> New Construction <input type="radio"/> Substantial Rehab

3. AFFORDABILITY PLAN: *(see item 4 if affordability units are not aligned with inclusionary ordinance)*

a) Unit Schedule Description identify *the following*

	Very Low Income		Low Income		Moderate Income		Market Rate		Total Units
	Number	Size of Unit	Number	Size of Unit	Number	Size of Unit	Number	Size of Unit	
Studio	3	516 SF					76	525 SF	79
One Bdrm	4	631 SF					86	660 SF	90
Two Bdrm	2	909 SF					19	936 SF	21
Three Bdrm	2	1,244 SF					35	1,262 SF	37
Four Bdrm									
Total Units	11	N/A		N/A		N/A	215	N/A	227

b) **NARRATIVE:** Attach project description including how affordable housing plan adheres to the adopted guidelines. Describe accommodations for accessibility and buyer selection process

530-747-5844 | @CityofDavis

Department of Social Services and Housing-Affordable Housing Office
23 Russell Boulevard, Davis, CA 95616


c) **SITE MAP:** Attach conceptual site map with location of affordable units at various income levels clearly marked.

4. If the project does not meet the minimum standards of the inclusionary ordinance, please give an explanation of why:

Provide the following documents, a review will be conducted to determine if some level of exception will be permitted for the project.

- Proposed Development Budget
- Proforma
- Proposed sources and uses (*financing for the project*)

5. SIGNATURE of person authorized to bind an agreement

	12.21.23
_____ Signature	_____ Date
Scott D. Cooper	Authorized Signatory
_____ Printed Name	_____ Title
310.709.1887	
_____ Phone	