

**INCLUSIONARY HOUSING PLAN SUMMARY**

**6807 Park Heights Ave**

PRESENTED AT **2/13/2025** INCLUSIONARY HOUSING BOARD MEETING

**Project Location:** 6807 Park Heights Ave. Baltimore MD 21215

**Neighborhood:** Cross County

**Date Building Permit Application Period Submitted –** 9/16/2024

**Date Inclusionary Housing Plan Received –** 1/15/2025

**Date 45 Day Review Period Concludes**

**Does Project Qualify for Inclusionary Units:** \_\_\_\_\_ Yes  No

Explanation if No:

\_\_\_\_\_ Project is fewer than 20 units

\_\_\_\_\_ Total construction/renovation costs are less than \$60,000 per unit

\_\_\_\_\_ The project is not located on land that the City sold for the project

\_\_\_\_\_ The owner is not requesting any subsidies, tax credits, grants or other City Subsidies

\_\_\_\_\_ Project is an

\_\_\_\_\_ Affordable Housing Project

\_\_\_\_\_ Dormitories, as defined in § 1-305(g) of the Zoning Code;; or

\_\_\_\_\_ Fraternity or sorority houses, as defined in § 1-306(p) of the Zoning Code

\_\_\_\_\_ Residential-care facilities, as defined in § 1-312(p) of the Zoning Code

\_\_\_\_\_ Residential project that is designed for, marketed to, and leased to students enrolled in accredited educational institutions located in Baltimore City, also known as “student housing”. (Ord. 07- 474; Ord. 24- 308).

If Inclusionary Units are required: **N/A**

Total number of units \_\_\_\_\_

Total number of penthouse units \_\_\_\_\_

Total number of units used to determine Inclusionary Housing requirements N/A

10% Inclusionary Requirement \_\_\_\_\_

5% of units available to households earning 50% of area median income \_\_\_\_

5% of units available to households earning 60% of AMI \_\_\_\_\_

**Inclusionary Unit Breakdown**

	Market Rent	50% AMI	Maximum Rent	60% AMI	Maximum Rent
Studio					
1 bedroom					
2 bedrooms					

Anticipated Occupancy 10/25

Anticipated Leasing Starts 10/25

**Affirmative Marketing Summary: N/A**

**Other Comments:** Existing 4-story, 51-unit residential apartment complex converting to 55 units after demolition and rehabilitation located at 6807 Park Heights Ave in the Cross County neighborhood. Project is exempt because it does not meet all 4 criteria to produce inclusionary housing units.

**DHCD Recommendation:** Approve. Under the Baltimore City Code Article 13 2B-21, the project is not required to produce inclusionary units. The inclusionary plan is complete.

## Inclusionary Housing Plan Template

Section 2B-22 of Ordinance 24-308, Inclusionary Housing for Baltimore City requires that developers who are required to make inclusionary units available submit this Inclusionary Housing Plan at the time an application for a building permit is submitted.

Building permit applications that fail to include this form will not be reviewed. No building permit application will be released without an approved Inclusionary Housing Plan. Inclusionary Housing Plans can only be submitted prior to receiving a building permit.

Additional information about the City's Inclusionary Housing requirements can be found : [22-0195 Completed Ordinance 24-308 \(6\).pdf](#)

### General Project Information

Section	Question
NAME OF PROJECT	<b>Development Name</b> 6807 Park Heights Ave.
	<b>Marketing Name (if different)</b>
	<b>Apartment or House Name (if applicable)</b>
PROPERTY OWNER	<b>Name of Company</b> 6807 Canterbury LLC
	<b>Contact Name</b> Steven Klein
	<b>Contact Title/Role</b> Authorized Person
	<b>Contact Email</b> steven@themt washingtongroup.com
	<b>Contact Phone</b> 410-764-7355
	<b>Mailing Address</b> 4813 Seton Dr. Baltimore, MD 21215



<b>PROJECT INFORMATION</b>	<b>Legal Address</b>  6807 Park Heights Ave. Baltimore MD 21215
	<b>Street Known-As Address</b> (if applicable)
	<b>Zoning District</b> <b>R-9</b>
	<b>Description</b> (must include list of amenities and services that will be available, description of neighborhood)  RESIDENTIAL APARTMENT BUILDING W/ EXISTING 51 RESIDENTIAL UNITS, 1 COMMERCIAL UNIT, & 2 STORAGE UNITS - EXISTING COMMERCIAL UNIT TO BE CONVERTED INTO 2 RESIDENTIAL UNITS & EXISTING 2 STORAGE UNITS TO BE CONVERTED INTO 2 RESIDENTIAL UNITS. TOTAL 55 RESIDENTIAL UNITS AFTER THE 3 EXISTING UNITS RECIEVE DEMOLITION & INTERIOR RENOVATION TO CONVERT TO 4 RESIDENTIAL UNITS. ONLY 3 ORGINAL UNITS IN THE SCOPE OF WORK TO CREATE 4 UNITS WITH EXISTING SPACE. EXISTING 4 STORY DETACHED RESIDENTIAL APARTMENT BUILDING - DEMOLITION OF INTERIOR PARTITIONS ONLY, NEW EXTERIOR OPENINGS & EXCAVATION TO PROVIDE WINDOW WELLS w/ EGRESS- NO CHANGE TO BUILDING HEIGHT, BUILDING USE, & BUILDING FOOTPRINT - PROPOSED 4 NEW UNITS (1000 SF EACH) - 4000 SF TOTAL SCOPE OF WORK.
<b>SUBSIDY INFORMATION</b>  Includes all subsidies applied for (including those not yet awarded) and intended to be applied for	<b>I am currently or contemplating requesting the following for this project</b> (Select all that apply):  <input type="checkbox"/> Grants or loans that equal or exceed 15% of total projected project costs <input type="checkbox"/> Payment in Lieu of Taxes (PILOT) (not affordable housing) <input type="checkbox"/> Tax Increment Financing (TIF)

Section	Question
<p><b>SUBSIDY INFORMATION (cont.)</b></p>	<p><input type="checkbox"/> Sale or transfer of City-owned land substantially below its appraised value. Please include a copy of a Land Disposition Agreement, appraisal or other document establishing the below value purchase price</p> <p><input type="checkbox"/> <b>Tax Credit(s) please identify</b> (please attach a separate sheet if there are more than 3):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>Affordable Housing Projects</b></p> <p><input type="checkbox"/> Please attach the total number of units, breakdown by AMI, and a list of all sources.</p> <p><input type="checkbox"/> Please indicate if you are planning to request or have a received an Affordable Housing PILOT and provide a copy of the application, underwriting memo and/or approval.</p> <p><input checked="" type="checkbox"/> I am not applying for any of the following (please note that if you check this box you cannot apply for any additional tax credits or subsidies related to this project in the future)</p>
<p><b>UNIT INFORMATION</b></p> <p><input type="checkbox"/> <b>ONLY FOR AFFORDABLE HOUSING PROJECTS:</b> Please check if you attached table with information. If checked, you do not have to fill out this information.</p>	<p><b>Total Number of Units in the Project:</b></p> <p>_____</p> <p><b>Total Number of Penthouse Units in the Project:</b></p> <p>_____</p> <p><b>Total Number of Eligible Units</b> (<i>Total Units – Total Penthouse Units</i>):</p> <p>_____</p> <p><b>Required Number of Inclusionary Units</b> (10% of Total Number of Eligible Units):</p> <p>_____</p>

	<b>Required Number of Units Available to Very Low Income Households</b> (50% of Area Median Income):
	<b>Required Number of Units Available to Low Income Households</b> (60% of Area Median Income):
	<b>Cost Per Unit:</b>
UNIT AVAILABILITY	Please complete Exhibit C. Unit Information
<b>CONTRACTED COMPANIES: PROPERTY MANAGEMENT</b>  Not required for Tax Credit/Affordable Housing Properties	<b>Name of Company</b> The Mount Washington Group LLC
	<b>Contact Name</b> Steven Klein
	<b>Contact Title/Role</b> Authorized Person
	<b>Contact Email</b> steven@themtwashingtongroup.com
	<b>Contact Phone</b> 410-764-7355
	<b>Leasing Agent Name</b> Steven Klein
	<b>Leasing Agent Email</b> steven@themtwashingtongroup.com
	<b>Leasing Agent Phone</b> 410-764-7355
<b>CONTRACTED COMPANIES: TENANT SELECTION (optional)</b>	<b>Name of Company</b>

Not required for Tax Credit/Affordable Housing Properties	<b>Contact Name</b>
	<b>Contact Title/Role</b>
	<b>Contact Email</b>
	<b>Contact Phone</b>
<b>BUILDING PERMIT APPLICATION INFORMATION</b> (to be completed by DHCD)	<b>Permit Application Number</b> COM2024-02804
	<b>Date Submitted</b> 9/16/2024
	<b>Date Building Permit Approved for Issuance</b> 2/21/2025
	<b>Building Permit Number</b> COM2024-02804

**Proposed Project Schedule** \*\*\*ALL DATES IN THE FUTURE ARE SUBJECT TO CHANGE - TIMELINE CAN SHIFT DUE TO DELAYS. DATES SHOULD BE CONSIDERED ESTIMATIONS\*\*\*

Status	Start Date	Completion Date
<b>Pre-Development</b>	MAY 16, 2024	SEPTEMBER, 26 2024
<b>Financing</b>	AUGUST 28, 2024	SEPTEMBER 2024
<b>Permitting</b>	NOVEMBER, 21, 2024	ONGOING(WAITING ON THIS PROCESS) - BUT DRAWINGS APPROVED DECEMBER 2024
<b>Construction</b>	EARLY MAY 2025	EARLY JULY 2025
<b>Use and Occupancy Permit</b>	LATE JULY 2025	LATE AUGUST 2025
<b>Marketing</b>	LATE AUGUST 2025	EARLY SEPTEMBER 2025 (~2 WEEKS)
<b>Leasing</b>	EARLY SEPTEMBER 2025	MID SEPTEMBER 2025 (~1 WEEK)
<b>Occupancy</b>	EARLY OCTOBER 2025	LATE OCTOBER 2025

## Required Exhibits

**ALL EXHIBITS MUST BE COMPLETE PRIOR TO SUBMITTING THIS INCLUSIONARY HOUSING PLAN. INCOMPLETE PLANS WILL BE NOT REVIEWED AND COULD DELAY THE ISSUANCE OF A BUILDING PERMIT.**

Check if attached		Exhibits	Type	DHCD Staff Only	
<input checked="" type="checkbox"/>		A	Acknowledgement and Certification	<input checked="" type="checkbox"/>	
<input type="checkbox"/>		B	Declaration of Covenants	<input type="checkbox"/>	
<input type="checkbox"/>		C	Unit Information	<input type="checkbox"/>	
<input type="checkbox"/>		D	Site Plan	<input type="checkbox"/>	
<input type="checkbox"/>		E	Front Elevation or Block Face	<input type="checkbox"/>	
<input type="checkbox"/>		F	Residential Floor Plans	<input type="checkbox"/>	
<input type="checkbox"/>		G	Affirmative Marketing Plan	<input type="checkbox"/>	



**EXHIBIT A:**

**Inclusionary Housing Plan Acknowledgement and Certification**

The undersigned hereby certifies that they understand the information being requested by this form and the importance of such to the validity of any building permit and that post-permit issuance revisions to the construction plans that change the number of dwelling units to be constructed on the Project property, the net residential area, or that materially affects the design/unit comparability standards in the City's Inclusionary Housing Law will require the submission of an updated Inclusionary Housing Plan.

The undersigned understands that failure to indicate the subsidy(ies) that the undersigned is receiving or contemplating receiving for the project may lead to ineligibility to apply for a tax credit or subsidy following the approval of a building permit for the project.

The information provided to the City of Baltimore in this Inclusionary Housing Plan is true and accurate and the undersigned has the authority to bind any corporate entity identified as Property Owner herein and understands that this form will be considered binding on all successors and assigns of Property Owner with respect to the Project property. The undersigned further understands and agrees that the provision of any false or inaccurate information shall render the building permit and all other City approvals null and void.

*Steven Klein*

Property Owner Signature

1/27/25

Date

Steven Klein Authorized Person

Printed Name and Title

6807 Park Heights Ave.

Project Name



## DHCD Compliance and Checklist

FOR USE BY DHCD STAFF ONLY

ITEM	DHCD APPROVAL		COMMENTS
	Date	Program Manager Initials	
Date Plan Received	1/28/2025		
<b>INITIAL THRESHOLD REVIEW</b>			
<b>Project Information</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
<b>Subsidy Information</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
<b>Unit Information</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A
<b>Unit Availability</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A
<b>Contracted Companies</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
<b>Proposed Project Schedule</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
<b>Exhibit A. Acknowledgement and Certification</b> <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
<b>Exhibit B. Declaration of Covenants</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A



ITEM	Date	Program Manager Initials	COMMENTS
<b>Exhibit C. Unit Information</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	S&F	N/A
<b>Exhibit D. Site Plan</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	S&F	N/A
<b>Exhibit E. Front Elevation or Block Face</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	S&F	N/A
<b>Exhibit F. Residential Floor Plans</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	S&F	N/A
<b>Exhibit G. Affirmative Marketing Plan</b> <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	S&F	N/A
<b>INCLUSIONARY HOUSING BOARD</b>			
<b>Project Summary Completed</b>	02/07/2025	S&F	
<b>Date Presented to the Board</b>	02/13/2025	S&F	
<b>APPROVALS</b>			
<b>Date of Approval</b>			
<b>Date of Approval Provided to Property Owner</b>			
<b>Date of Approved Plan Provided to Department of Finance</b>			
<b>Date of Approved Plan Provided to Permits Division</b>			