

INCLUSIONARY HOUSING PLAN SUMMARY

3121 Saint Paul Street

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

Project Location: 3121 Saint Paul Street Baltimore, MD 21218

Neighborhood: Charles Village

Date Building Permit Application Date – 12/10/2024

Date Inclusionary Housing Plan Received – 1/15/2025

Date 45 Day Review Period Concludes – 3/01/2025

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

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 _____

Anticipated Leasing Starts _____

Affirmative Marketing Summary:

Other Comments: Student housing project in Charles Village. Current litigation is affecting anticipated occupancy and leasing start date. See attached email.

DHCD Recommendation: The project at 3121 Saint Paul Street does not require inclusionary housing units to be created. The plan submitted is complete.

Inclusionary Housing Plan

Appendix A in Inclusionary Guidelines

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](#)

More information regarding Affirmative Marketing can be found in the program guidelines found here: [Inclusionary Housing | Baltimore City Department of Housing & Community Development](#)

General Project Information

Section	Question
NAME OF PROJECT	Development Name 3121 Saint Paul Street
	Marketing Name (if different)
	Apartment or House Name (if applicable)
PROPERTY OWNER	Name of Company MCB Charles Village LLC
	Contact Name Andrew Scalley
	Contact Title/Role Developer
	Contact Email ascalley@workshopdev.com
	Contact Phone 443-716-5303



	Mailing Address 1010 Fleet Street, Suite 300 Baltimore, MD 21202
PROJECT INFORMATION	Legal Address 3121 Saint Paul Street Baltimore, MD 21218
	Street Known-As Address (if applicable)
	Zoning District C-1
	Description (must include list of amenities and services that will be available, description of neighborhood) Amenities: Ground-floor retail, including grocery store Description: mixed-use with residential, educational, and pedestrian-oriented commercial
Exemptions (Exempt projects must complete Exhibit A – Acknowledgement and Certification and provide documentation of exemption)	My Project is exempt from the requirement of an Inclusionary Housing Plan because it is one of the following: <ul style="list-style-type: none"><input type="checkbox"/> Dormitories, as defined in § 1-305(g) of the Zoning Code;<input type="checkbox"/> Fraternity or sorority houses, as defined in § 1-306(p) of the Zoning Code;<input type="checkbox"/> Residential-care facilities, as defined in § 1-312(p) of the Zoning Code; or<input checked="" type="checkbox"/> 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.



<p>SUBSIDY INFORMATION</p> <p>Includes all subsidies applied for (including those not yet awarded) and intended to be applied for</p>	<p>I am currently or contemplating requesting the following for this project (Select all that apply):</p> <ul style="list-style-type: none"><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)
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Section	Question
SUBSIDY INFORMATION (cont.)	<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 checked="" type="checkbox"/> Tax Credit(s) please identify (please attach a separate sheet if there are more than 3):</p> <p>Possible: <u>Brownsfield Tax Credit</u></p> <p style="text-align: center;">OR</p> <p><u>HPMRTC</u></p> <p><input type="checkbox"/> Affordable Housing Projects</p> <ul style="list-style-type: none"> <input type="checkbox"/> Please attach the total number of units, breakdown by AMI, and a list of all sources. <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><input 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>
UNIT INFORMATION ONLY FOR AFFORDABLE HOUSING PROJECTS receiving the LIHTC, please attach your Mix Tab from the 202 Application. <p style="text-align: center;">N/A</p>	<p>Total Number of Units in the Project:</p> <hr/> <p>Total Number of Penthouse Units in the Project:</p> <hr/> <p>Total Number of Eligible Units (<i>Total Units – Total Penthouse Units</i>):</p> <hr/> <p>Required Number of Inclusionary Units (10% of Total Number of Eligible Units):</p> <hr/>

	<p>Required Number of Units Available to Very Low Income Households (50% of Area Median Income):</p>
	<p>Required Number of Units Available to Low Income Households (60% of Area Median Income):</p>
	<p>Cost Per Unit:</p>
UNIT AVAILABILITY	Please complete Exhibit C. Unit Information
<p>CONTRACTED COMPANIES: PROPERTY MANAGEMENT</p> <p>Not required for Tax Credit/Affordable Housing Properties</p>	<p>Name of Company Capstone On Campus Mgmt.</p>
	<p>Contact Name Gray Bekurs</p>
	<p>Contact Title/Role VP for Business Dev.</p>
	<p>Contact Email gbekurs@cocm.com</p>
	<p>Contact Phone 205-484 484-0419</p>
	<p>Leasing Agent Name</p>
	<p>Leasing Agent Email</p>
	<p>Leasing Agent Phone</p>
<p>CONTRACTED COMPANIES: TENANT SELECTION (optional)</p>	<p>Name of Company</p>

Not required for Tax Credit/Affordable Housing Properties	Contact Name
	Contact Title/Role
	Contact Email
	Contact Phone
BUILDING PERMIT APPLICATION INFORMATION (to be completed by DHCD)	Permit Application Number COM2024 -03696
	Date Submitted 12/10/2024
	Date Building Permit Approved for Issuance 2/21/2025
	Building Permit Number COM2024 -03696

Proposed Project Schedule

Status	Start Date	Completion Date
Pre-Development	2021	
Financing		
Permitting		
Construction		
Use and Occupancy Permit		
Marketing		
Leasing		
Occupancy		

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 type="checkbox"/>	A	Acknowledgement and Certification	<input 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"/>

Check Below If Applicable, all submitted documentation will be subject to review by the City. *

- Affordable Housing Projects – Attach Unit Mix Information included in 202 Application submitted to the State.
- Exempt Categories – Attach documentation that shows project meets exemption category.
- Meets 4 requirements
 - Include 20 or more units
 - Does NOT receive a major public subsidy OR Benefit from Significant land use authorization
 - Newly constructed, substantial rehab or converted from a non-residential housing use; and
 - The cost of construction or conversion exceeds \$60,000 per unit.

*If you check a box, you must only complete the Inclusionary Housing Plan (Appendix A in the Guidelines) and Exhibit A – Acknowledgement and Certification.



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.

Property Owner Signature

1/15/25

Date

Douglas E. Schmidt

Printed Name and Title

Member

3121 St. Paul Street - project not yet named

Project Name



DHCD Compliance and Checklist

FOR USE BY DHCD STAFF ONLY

ITEM	DHCD APPROVAL		COMMENTS
	Date	Program Manager Initials	
Date Plan Received	01/15/2025		
INITIAL THRESHOLD REVIEW			
Project Information <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
Subsidy Information <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
Unit Information <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A
Unit Availability <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A
Contracted Companies <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
Proposed Project Schedule <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	Noted project schedule conflict
Exhibit A. Acknowledgement and Certification <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	
Exhibit B. Declaration of Covenants <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	02/07/2025	SaF	N/A



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