



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	Development Name
	Marketing Name (if different)
	Apartment or House Name (if applicable)
PROPERTY OWNER	Name of Company Todd Avenue LLC
	Contact Name James Stewart
	Contact Title/Role Director of Field Operations
	Contact Email James@thedominiogroup.com
	Contact Phone 252-207-9264
	Mailing Address 1029 N CALVERT ST BALTIMORE MD 21202



PROJECT INFORMATION	Legal Address 5215 Todd Ave Baltimore MD 21206
	Street Known-As Address (if applicable)
	Zoning District R-5
	Description (must include list of amenities and services that will be available, description of neighborhood) 61 unit multi-family bldg. No Amenities. Will have elevator
SUBSIDY INFORMATION Includes all subsidies applied for (including those not yet awarded) and intended to be applied for	I am currently or contemplating requesting the following for this project (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
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 type="checkbox"/> Tax Credit(s) please identify (please attach a separate sheet if there are more than 3):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Affordable Housing Projects</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>
UNIT INFORMATION <input type="checkbox"/> ONLY FOR AFFORDABLE HOUSING PROJECTS: Please check if you attached table with information. If checked, you do not have to fill out this information.	<p>Total Number of Units in the Project:</p> <p>_____</p> <p>Total Number of Penthouse Units in the Project:</p> <p>_____</p> <p>Total Number of Eligible Units (<i>Total Units – Total Penthouse Units</i>):</p> <p>_____</p> <p>Required Number of Inclusionary Units (10% of Total Number of Eligible Units):</p> <p>_____</p>

	Required Number of Units Available to Very Low Income Households (50% of Area Median Income):
	Required Number of Units Available to Low Income Households (60% of Area Median Income):
	Cost Per Unit:
UNIT AVAILABILITY	Please complete Exhibit C. Unit Information
CONTRACTED COMPANIES: PROPERTY MANAGEMENT Not required for Tax Credit/Affordable Housing Properties	Name of Company Dominion Management LLC
	Contact Name Stephanie Derry
	Contact Title/Role Property Manager
	Contact Email StephanieD@thedominiongroup.com
	Contact Phone 667-600-4581
	Leasing Agent Name Stephanie Derry
	Leasing Agent Email StephanieD@thedominiongroup.com
	Leasing Agent Phone 410-727-4305
	CONTRACTED COMPANIES: TENANT SELECTION (optional)

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 COM2024-02644
	Date Submitted 09/23/2024
	Date Building Permit Approved for Issuance
	Building Permit Number

Proposed Project Schedule

Status	Start Date	Completion Date
Pre-Development	Feb 6 2024	March 2025
Financing	Jan 2024	Jan 2026
Permitting	MARCH 12 2025	Dec 2025
Construction	Jan 2025	Jan 2026
Use and Occupancy Permit	Jan 2026	Jan 2026
Marketing	Jan 2026	MARCH 2026
Leasing	Jan 2026	MARCH 2026
Occupancy	MARCH 2026	MARCH 2026

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 type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B	Declaration of Covenants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C	Unit Information	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	D	Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	E	Front Elevation or Block Face	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	F	Residential Floor Plans	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	G	Affirmative Marketing Plan	<input type="checkbox"/>	<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.



Property Owner Signature

3/12/25
Date

James Stewart Director of Field Ops
Printed Name and Title

Todd Ave
Project Name



DHCD Compliance and Checklist

FOR USE BY DHCD STAFF ONLY

ITEM	DHCD APPROVAL		COMMENTS
	Date	Program Manager Initials	
Date Plan Received			
INITIAL THRESHOLD REVIEW			
Project Information			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	
Subsidy Information			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	No City subsidy
Unit Information			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy
Unit Availability			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy
Contracted Companies			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy
Proposed Project Schedule			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA No City subsidy
Exhibit A. Acknowledgement and Certification			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	
Exhibit B. Declaration of Covenants			
<input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy



ITEM	Date	Program Manager Initials	COMMENTS
Exhibit C. Unit Information <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy
Exhibit D. Site Plan <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City Subsidy
Exhibit E. Front Elevation or Block Face <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City Subsidy
Exhibit F. Residential Floor Plans <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City Subsidy
Exhibit G. Affirmative Marketing Plan <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Incomplete	03/18/2025	SaF	NA - No City subsidy
INCLUSIONARY HOUSING BOARD			
Project Summary Completed			
Date Presented to the Board			
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			