



Livability Standards Questionnaire

Housing Mitigation Plan

Development Name _____

Physical Address _____

Owner Name _____

Owner Phone _____ E-mail _____

Applicant/Agent Name _____

Applicant/Agent Phone _____ E-mail _____

Primary Contact: _____ Owner _____ Applicant/Agent

Please complete this form for each unit type. Complete each question that applies to your application. If it doesn't apply mark N/A in the blank.

Unit Type:

Number of bedrooms _____ Square Feet _____ Ownership Rental

Kitchen

Lineal feet of base cabinets _____ Lineal Feet of upper cabinets _____

Continuous Lineal feet of countertops _____ Countertop Material _____

Sink width _____ Range/Oven width _____ Refrigerator cubic feet _____

Dishwasher width _____ Garbage Disposal? Yes No

List other appliances provided _____

List Warranties on appliances (years): Range/Oven _____ Refrigerator _____ Dishwasher _____

Garbage Disposal _____ Other _____

Bathrooms

Number of bathrooms _ Does at least one bathroom contain the following?

Toilet Bathtub Shower Sink

Bathroom must contain a minimum of four square feet of storage. Describe how bathroom storage is being provided _____

Closets and Storage Areas

Does each bedroom have a closet? Yes No

Does each bedroom closet contain a shelf and rod? Yes No

Bedroom closet width: bedroom 1 _____ bedroom 2 _____ bedroom 3 _____

Bedroom closet height: bedroom 1 _____ bedroom 2 _____ bedroom 3 _____

Does the entryway have a closet? Yes No If no, describe how adequate storage for coats, shoes/boots is being provided _____

Linen closet width: Linen closet 1 _____ Linen closet 2 _____

Additional storage square feet _____

Describe how additional storage requirement is being met _____

Closet door type (doors not required on interior storage) _____

Are all closets a minimum of 26 inches deep? Yes No

Floor Coverings

Describe floor covering material:

Living room _____ Bedroom(s) _____

Kitchen _____ Bathroom(s) _____

Warranty for each flooring type _____

Room Sizes and Shape

Provide Measurement from the narrowest part of the room; length x width.

Kitchen _____ Dining _____

Bedroom 1 _____ Bedroom 2 _____ Bedroom 3 _____

Functional Furniture Placement diagram attached? Yes No

Windows/Noise Mitigation

Does each living area and bedroom have a window that can be opened? Yes No

For units that share walls with other residential or non-residential spaces, please describe noise mitigation being provided. _____

What is the Sound Transmission Class (STC) rating on all windows? _____

Are blinds being provided? Yes No If yes, on which windows and what type? _____

Laundry

Are washer/dryer hookups being provided (required in ownership units)? Yes No

Heating and Hot Water

Warranty on furnace, boiler, or hot water heater (5 year minimum) _____

Size of hot water heater _____

Other Design Features

The following features are encouraged and may be used in the place of other requirements with approval from the Housing Department:

Describe any built in storage such as drawers under beds, stairs, etc. _____

Describe creative shelving _____

Describe laundry area _____

Describe extra storage for recreational equipment _____

Describe extra cabinetry _____

Describe extra closets _____

Please attach additional pages if needed.