**WORKFORCE HOUSING**

**ACDS APPROVAL NOTIFICATION**

**Date of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subdivision/Site Plan Project Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax ID # of Property:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Property:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Developer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The owner/developer of the development referenced above has provided ACDS with a copy of the architectural plans for the Workforce Housing units and non-Workforce Housing units (as applicable) for review. ACDS has reviewed the plans and certifies that the development, as represented in the plans, meets the Workforce Housing Design requirements and they are eligible to apply for a building permit.

**APPROVED:**

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Erin Karpewicz, Chief Executive Officer Date

Arundel Community Development Services, Inc.