**Annex T – Zoning Certification**

**THIS CERTIFICATION MUST BE SUBMITTED UNDER THE DESIGN FIRM’S LETTERHEAD**

[Insert Date (Month Day, Year)]

To: Puerto Rico Housing Finance Authority

 PO Box 71361

 San Juan, Puerto Rico 00936-8461

**RE: LOW INCOME HOUSING TAX CREDIT PROGRAM**

**HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**

 **HOUSING TRUST FUND PROGRAM (HTF)**

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| --- |
| ZONING CERTIFICATION |
| Name of the Project | [Insert Project Name Here] |
| Project Type | [Multifamily / Elderly / Other] |
| Project Category | [New Construction / Rehabilitation] |
| Location | [Insert Address Here] [Street Address, City, State, Zip Code] |
| Number of Units | [Insert Number of Units Here] |
| Year(s) Built | [Insert Year(s) Here] |
| Parcel: Number of Acres (“Cuerdas”) | [Insert Acres Here] |
| Building: Number of Square Feet | [Insert Sq. Ft. Here] |
| Gross Area | [Insert Sq. Ft. Here] |
| Adequate Zoning at time of Construction | [ ]  Yes | [ ]  No**Zoning District:** [Insert Zoning District Here] |
| Zoning at the time of Permitting  | [Insert Zoning District Here] |
| If Zoning at the time of construction was not adequate, please identify remedy in the space below. |
|       |  |
| [ ]  No current zoning or land use violations associated on record or known. |
| The Property appears on the zoning maps of [Insert jurisdiction (Municipio) where property is located]. |
| The Property is located in the following specified zone [Insert Zone Name]. |
| The current use of the property is: | [ ]  A permitted use[ ]  Unpermitted use[ ]  A Legal Non-Conforming Use[ ]  Permitted by Conditional Use[ ]  Use established by Variance[ ]  Other:  |
| Zoning Map |

This Certification is to certify that the current use of the property is permitted under applicable Zoning and Land Use laws and regulations, and that the applicable zoning authority is not aware of any zoning or land use violations with respect to the property. If any violation exists, the governing authority should specify the violation and the remedial action or required.

I further **Certify** that the information submitted are identical to the approved permit, and drawings submitted to the Local and/or State jurisdiction. I am licensed by the State in which the captioned Project is located to render services in the design of buildings.

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| Designer’s Name | [Insert Designer’s (Architect/Engineer) Name] |
| Signature |  |
| Date | [Insert Date (Month Day, Year)] |
| License Number | [Insert License No.] |
| Seal |  |