

REVIEW OF NAPOLEON GREEN1424  
Scott  
St.

After reviewing the Zoning Code I found the following:

1. "B" Residential allows this type of use under a Special Use Permit.
2. "B" Residential or special use regulations do not state what the minimum size of each habitable living unit has to be.
3. The lot area is 174,240 sq. ft. and could accommodate 48.4 units. There are 45 units proposed.
4. Number 12 on the application shows that there will be seven buildings. Number 13 shows that there will be Halls, Management, Maintenance and Laundry, will these four be in the seven buildings or separate buildings.
5. The construction shows, Frame under the OBBC the largest frame building that can be erected would be 4,800 sq. ft. unprotected and 10,200 sq. ft. protected. Protected means fire retardant treated wood.  
After calculating the amount of units against unit sq. footage it looks like the buildings will be about 5,868 sq. ft. in size. This would not be permitted under OBBC unprotected rules but would be allowed under protected rules.

Without a drawing of the building sizes and layout, I can only estimate what the sizes would be.



# Maumee Valley Resource Conservation, Development & Planning Organization

1012 E. Station Avenue  
Buffalo, Ohio 44312

Phone (419) 782-4548

To: Reviewing Agency

Henry County Commissioners  
Henry County Engineer  
City of Napoleon  
NOCAC  
Henry County Welfare  
A-95 Review Committee

The enclosed project proposal is being submitted to you for your review and comment.

As the areawide clearinghouse for the A-95 Review System, a process provided for by the Office of Management and Budget and the Congress of the United States, Maumee Valley RCD&PO reviews all proposed federally-funded projects which will have an impact on the area.

The purpose of the local review is to avoid duplication and conflict of programs and services; to assure that projects are consistent with the area's adopted plans and policies in the areas of land use, housing, economic and social development, environmental quality, energy concerns, etc.; and to provide information and the opportunity for comment to local citizens before a program is actually funded.

The recommendation from this clearinghouse is taken into consideration by the federal agency before a decision is made on the project. Therefore, the A-95 review system is a valuable link to government spending. We ask your cooperation in reviewing the enclosed proposal; your voice in the review process is extremely important.

If you have any questions concerning the enclosed material, please contact our office.

# ADDS Review

MAUMEE VALLEY RESOURCE CONSERVATION  
DEVELOPMENT AND PLANNING ORGANIZATION  
1012 Ralston Ave.

Defiance, Ohio 43512 / Phone: (419) 784-3882

PROJECT TITLE Section 8-Low Income Housing Assistance Program

APPLICANT Napoleon Green, Showe Builders, Inc., Napoleon, OH

PROJECT NUMBER 1-81-8

REVIEWER COMMENTS:

SUPPORT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPPORT ONLY WITH CONDITIONS (Indicate major reservations about the project and specific substantive changes or modifications desired.)

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT SUPPORT (Summarize the major reasons for recommended disapproval including documentation or references to plans, statutes, regulations, etc., which substantiates disapproval.)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO COMMENT (Although the reviewer may not wish to take a formal position on this proposal, technical comments may be attached.)

REVIEWING AGENCY City of Napoleon

REVIEWER SIGNATURE \_\_\_\_\_

PLEASE RETURN THIS FORM TO MAUMEE VALLEY RCD&PO BY Feb. 6

PROJECT PROPOSAL SUMMARY

PROJECT: 1-81-8  
TITLE: Section 8--Low Income Housing Assist. Pgm.  
APPLICANT: Napoleon Green, Showe Builders, Inc.

CONTACT  
PERSON: H. Burkley Showe  
614-481-8383

FUNDING  
REQUEST: \$1,897,800 Fed. (mortgage insurance)  
269,460 HAP  
\$2,167,260 Total

DESCRIPTION  
OF PROJECT: As Attached

SECTION I - IDENTIFICATION

1. LEGAL APPLICANT / RECIPIENT  
 a. Applicant Name : NAPOLEON GREEN, an Ohio Limited Partnership  
 b. Organization Unit : c/o SHOWE BUILDERS, INC., Managing General Partner  
 c. Street / P.O. Box : 1225 Dublin Road  
 d. City : Columbus  
 e. State : Ohio  
 f. County : Franklin  
 g. ZIP Code : 43215  
 h. Contact Person (Name & Telephone No.) : H. Burkley Showe (614-481-8383)  
 i. TITLE AND ORGANIZATION OF APPLICANT / PROJECT  
 (X) Family ( ) Elderly  
 NAME: Napoleon Green  
 0 1-Bedroom Units  
 21 2-Bedroom Units  
 18 3-Bedroom Units  
 Includes 3 (2) Bedroom Handicapped Units

2. FEDERAL EMPLOYER IDENTIFICATION NO.  
 Not Available  
 3. NUMBER : 1 | 4 | 0 | 1 | 5 | 6  
 b. TITLE : Section 8 - Low Income Housing Assistance Program

4. TYPE OF APPLICANT / RECIPIENT  
 A-Sub B-Intermediate C-Substate District D-County E-City F-School District G-Special Purpose District  
 H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Private Owner  
 5. TYPE OF ASSISTANCE  
 A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other  
 12. TYPE OF APPLICATION  
 A-New B-Revision C-Continuation  
 15. TYPE OF CHANGE (For 12c or 12d)  
 A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation  
 19. EXISTING FEDERAL IDENTIFICATION NUMBER  
 Enter appropriate letter(s) [ ] Yes [X] No

6. AREA OF PROJECT IMPACT (Name of city, county, state, etc.)  
 HENRY COUNTY - NAPOLEON OHIO  
 14. CONGRESSIONAL DISTRICTS OF APPLICANT  
 a. PROJECT : 5  
 17. PROJECT DURATION  
 Year month day  
 19 81 1 10  
 18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY  
 Year month day  
 19 81 1 10  
 20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Area Office 777 Rockwell Ave. 44114

7. THE APPLICANT CERTIFIES THAT  
 a. To the best of my knowledge and belief, data in this pre-application/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.  
 b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions thereon, to appropriate clearinghouse, and all responses are attached.  
 (1) State Clearinghouse  
 (2) Maumee Valley Resource Conservation Development and Planning Organization

8. TYPED NAME AND TITLE  
 SHOWE BUILDERS, INC., Managing General Partner  
 REPRESENTATIVE BY: H. Burkley Showe, President  
 9. AGENCY NAME  
 OHIO HOUSING DEVELOPMENT BOARD  
 10. ORGANIZATIONAL UNIT  
 ADMINISTRATIVE OFFICE  
 11. ADDRESS  
 Suite 1200, 8 East Long Street, Columbus, Ohio 43215

12. ACTION TAKEN  
 a. AWARDED  
 b. REJECTED  
 c. RETURNED FOR AMENDMENT  
 d. DEFERRED  
 e. WITHDRAWN  
 13. ACTION DATE  
 Year month day  
 19 81 1 10  
 14. STARTING DATE  
 Year month day  
 19 81 1 10  
 15. ENDING DATE  
 Year month day  
 19 81 1 10  
 16. REMARKS ADDED

17. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Area Office 777 Rockwell Ave. 44114  
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 Year month day  
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 Enter appropriate letter(s) [ ] Yes [X] No

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 Dept. of HUD Cleveland Area Office 777 Rockwell Ave. 44114  
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 d. DEFERRED  
 e. WITHDRAWN  
 24. ACTION DATE  
 Year month day  
 19 81 1 10  
 25. STARTING DATE  
 Year month day  
 19 81 1 10  
 26. ENDING DATE  
 Year month day  
 19 81 1 10  
 27. REMARKS ADDED

28. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Area Office 777 Rockwell Ave. 44114  
 29. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY  
 Year month day  
 19 81 1 10  
 30. EXISTING FEDERAL IDENTIFICATION NUMBER  
 Enter appropriate letter(s) [ ] Yes [X] No

31. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Area Office 777 Rockwell Ave. 44114  
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 Year month day  
 19 81 1 10  
 33. EXISTING FEDERAL IDENTIFICATION NUMBER  
 Enter appropriate letter(s) [ ] Yes [X] No

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 (X) Family ( ) Elderly NAME: Napoleon Green  
 0 1-Bedroom Units  
 27 2-Bedroom Units  
 18 3-Bedroom Units  
 Includes 3 (2) Bedroom Handicapped Units

6. FEDERAL EMPLOYER IDENTIFICATION NO.  
 Not Available

8. PROGRAM  
 (From Federal Catalog)  
 Section 8 - Low Income Housing Assistance Program

9. NUMBER 114011516

10. TYPE OF APPLICANT/RECIPIENT  
 H-Community Action Agency  
 I-Higher Educational Institution  
 J-Indian Tribe  
 K-Other (Specify): Private Owner

11. ESTIMATED NUMBER OF PERSONS BENEFITING

12. TYPE OF APPLICATION  
 A-New  
 B-Renewal  
 C-Revision  
 D-Continuation  
 E-Augmentation

13. EXISTING FEDERAL IDENTIFICATION NUMBER

14. CONGRESSIONAL DISTRICTS OF: A. PROJECT 5

15. TYPE OF CHANGE (For 12c or 12d)  
 A-Increase Dollars  
 B-Decrease Dollars  
 C-Increase Duration  
 D-Decrease Duration  
 E-Cancellation

16. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY 19 81 1 10

17. PROJECT START DATE 19 81 1 10

18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY 19 81 1 10

19. REMARKS ADDED

20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Ar ea Office 777 Rockwell Ave. 44114

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 b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions thereon, to appropriate clearinghouses and all responses are attached.

23. ACTION TAXES

24. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Ar ea Office 777 Rockwell Ave. 44114

25. ORGANIZATIONAL UNIT  
 OHIO HOUSING DEVELOPMENT BOARD

26. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code)  
 Dept. of HUD Cleveland Ar ea Office 777 Rockwell Ave. 44114

27. ADMINISTRATIVE OFFICE

28. FEDERAL APPLICATION IDENTIFICATION

29. ADDRESS  
 Suite 1200, 8 East Long Street, Columbus, Ohio 43215

30. FEDERAL GRANT IDENTIFICATION

31. ACTION TAXES

32. FUNDING

33. ACTION DATE 19 81 1 10

34. STARTING DATE 19 81 1 10

35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

36. ENDING DATE 19 81 1 10

37. REMARKS ADDED

38. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

39. DATE SIGNED

40. SIGNATURE

41. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

42. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

43. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

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99. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

100. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)

APPLICATION - PROJECT MORTGAGE INSURANCE

Project Number:

(CLE-K)

TO: ARMSTRONG MORTGAGE COMPANY

and the FEDERAL HOUSING COMMISSIONER.

The undersigned hereby requests a loan in the principal amount of \$ 1,897,800 to be insured under the provisions of Section 221(d)4 of the National Housing Act, said loan to be secured by a first mortgage on the property hereinafter described.

Insurance of advances during construction  is,  is not desired.  SAMA  Conditional  Firm

Type of Mortgage:  PM  LD  B.S.  NP Permanent Mortgage Interest Rate 7-1/2 %.

A. LOCATION AND DESCRIPTION OF PROPERTY:

1. Street Nos. 2: Street Beckham & Last Sts. 3. Municipality Napoleon 4. Census Tract Henry 5. County Henry 6. State and ZIP Code Ohio

7. Type of Project:  Elevator  Walkup  Semi-Detached  Full Basement  Partial Bsmt.  Space  Craw Space  Slab  Grade

8. Row (T.H.)  Detached  2 9. No. Stories  Slab on Grade  Basement

10. 11. Number of Units 45 12. Number of Buildings 7 13. List Accessory Buildings and Area: 420 s.f. Basketball-Volleyball Court  
156 s.f. Intermediate Play Area  
233 s.f. Tot Lots  
405 s.f.

SITE INFORMATION

14. Dimensions: 4 acres 16. Yr. Built Prop. 16a.  Manufacture  Housing  Conventionally Built

15. Zoning: (If recently changed, submit evidence) Multi-Family 17. Structural System Brick-Wood Frame 17a. Floor System Frame 18. Heating-A/C None Gas

B. INFORMATION CONCERNING LAND OR PROPERTY:

19. 20. Date Acquired 1-81 21. Purchase Price \$ 90,000 22. If Leasehold Annual Ground Rent \$ --- 23a. Total Cost \$ 90,000 23b. Outstanding Balance \$ 89,900 24. Relationship-Business, Personal or Other Between Seller and Buyer Business

25. Utilities: Public  Water  Sewers  26. Unusual Site Features:  Cuts  Fills  Rock Formations  Erosion  None  Poor Drainage  High Water Table  Retaining Walls  Other (Specify) Off-Site Improvements

C. ESTIMATE OF INCOME:

27. Number of Family Type Unit	Living Area (Square Feet)	Composition of Units	Unit Rent Per Month	Total Monthly Rent for Unit Type
3	804	2 BR-LR-DA-K-B (HDCP)	\$ 460	\$ 1,380
24	865	2 BR-LR-DA-K-B (TH)	\$ 460	\$ 11,040
18	995	3 BR-LR-DA-K-1-1/2B (TH)	\$ 520	\$ 9,360
			\$	\$
			\$	\$
TOTAL ESTIMATED RENTALS FOR ALL FAMILY UNITS			\$ 21,780	(261,360)

29. Number of Parking Spaces:  Attended  Self Park 90

30. Commercial: 45 @ 1.50 sq. ft., @ \$ per sq. ft./month  
 Other Levels per sq. ft./month

Open Spaces 90 @ \$ --- per month  
 Covered Spaces --- @ \$ --- per month

Total Monthly Rent: OHDB  
 Total: 269,460

31. TOTAL ESTIMATED GROSS PROJECT INCOME AT 100% OCCUPANCY \$ 21,848

32. TOTAL ANNUAL RENT (Item 31 x 12 months) \$ 262,176

33. Gross Floor Area: 45,340 sq. ft. 34. Net Rentable Residential Area: 41,067 sq. ft. 35. Net Rentable Commercial Area: --- sq. ft.

35. ACCESSORY AREA - 1,233 sq. ft. NON-REVENUE PRODUCING SPACE

Type of Employee --- No. Rooms --- Composition of Unit --- Location of Unit in Project ---

D. EQUIPMENT AND SERVICES INCLUDED IN RENT: (Check Appropriate Items)

37. EQUIPMENT:  Ranges (Gas or Elec.)  Dishwasher  Refrig. (Gas or Elec.)  Carpet  Air Cond. (Equip. Only)  Drapes  Rods  Only  Kitchen Exhaust Fan  Swimming Pool  Laundry Facilities  Tennis Court  Disposal  Other (Specify) ---

38. SERVICES:  Heat  Hot Water  Cooking  Air Conditioning  Hot Water  Cooking  Air Conditioning  Lights, etc., in Unit  Heat  Hot Water  WATER  OTHER  Maint.

39. SPECIAL ASSESSMENTS: a.  Prepayable  Non-Prepayable b. Principal Balance \$ --- c. Annual Payment \$ --- d. Remaining Term --- years

E. ESTIMATE OF ANNUAL EXPENSE:

ADMINISTRATIVE:	
1. Advertising	\$ 500
2. Management	\$ 10,000
3. Other	\$ 2,500
4. TOTAL ADMINISTRATIVE	\$ 13,000
OPERATING:	
5. Elevator Maintenance Expenses	-0-
6. Fuel (Heating and Domestic Hot Water)	-0-
7. Lighting & Misc. Power	\$ 13,000
8. Water	\$ 2,700
9. Gas	\$ 10,000
10. Garage & Wash Removal	\$ 1,000
11. Payroll	\$ 6,000
12. Other	\$ 200
13. TOTAL OPERATING	\$ 32,900
MAINTENANCE:	
14. Decorating	\$ 2,000
15. Repairs	\$ 2,000
16. Exterior Painting	\$ 300
17. Insurance	\$ 3,000
18. Ground Expenses	\$ 1,000
19. Other	\$ 200
20. TOTAL MAINTENANCE	\$ 8,500
21. Replacement Reserve (0.0060 x Total for Structures, Line 41)	\$ 7,278
22. TOTAL EXPENSE	\$ 61,678
TAXES:	
23. Real Estate: Estimated Assessed Valuation \$ @ per \$1000 \$ 10,322	
24. Personal Property: Est. Assessed Valuation \$ @ per \$1000 \$ INCL.	
25. Employee Payroll Tax	\$ INCL.
26. Other	\$ -0-
27. Other	\$ -0-
28. TOTAL TAXES	\$ 10,322
29. TOTAL EXPENSE AND TAXES (1600)...	\$ 72,000

F. INCOME COMPUTATIONS:

30. Estimated Project Gross Income (Line C32, Page 1)	\$ 262,176
31. Occupancy (Entire Project)	95 %
32. Effective Gross Income (Line 30 x Line 31)	\$ 249,067
33. Total Project Expenses (Line 29)	\$ 72,000
34. Net Income to Project (Line 32 - Line 33)	\$ 177,067
35. Expense Ratio (Line 29 ÷ by Line 32)	28.9 %

H. TOTAL REQUIREMENTS FOR SETTLEMENT:

1. DEVELOPMENT COSTS (Line 72)	\$ 2,018,700
2. LAND INDEBTEDNESS (Or Cash required for Land Acquisition)	\$ 90,000
3. SUBTOTAL (Line 1 + Line 2)	\$ 2,108,700
4. Mortgage Amount	\$ 1,897,800
5. Fees Paid by Other than Cash	\$ 183,109
6. Line 4 plus Line 5 Subtotal	\$ 2,080,909
7. CASH INVESTMENT REQUIRED (Line 3 - Line 6)	\$ 27,791
8. INITIAL OPERATING DEFICIT	\$ -0-
9. ANTICIPATED DISCOUNT	\$ 47,445
10. Working Capital (2% of Mortgage Amount)	\$ 37,956
11. Off-Site Construction Costs	\$ -0-
12. TOTAL ESTIMATED CASH REQUIREMENT (Lines 7 + 8 + 9 + 10 + 11)	\$ 113,192

G. ESTIMATE OF R PLACEMENT COST:

36a. Unusual Land Improvements	\$ 150,000
36b. Other Land Improvements	\$ 150,000
36c. Total Land Improvements	\$ 150,000
STRUCTURE:	
37. Main Building	\$ 1,213,028
38. Accessory Buildings	\$
39. Garage	\$
40. All Other Buildings	\$
41. TOTAL STRUCTURES	\$ 1,213,028
42. General Requirements	\$ 1,363,028
43. FEEES:	
43. Builder's General Overhead @ 2% 431,179	\$ 28,624
44. Builder's Profit @ 5% BSPPA	\$
45. Architect's Fee - Design @ 5%	\$ 30,000
46. Architect's Fee - Supervisory @ 5%	\$ 10,000
47. Bond Premium	\$ 12,000
48. Other Fees	\$ 8,000
49. TOTAL FEES	\$ 88,624
50. TOTAL for All Improvements (Lines 36c + 41 + 42 + 49)	\$ 1,519,800
51. Cost per Gross Square Foot 46,573 s.f.	\$ 32,63
52. Estimated Construction Time	12 months
CARRYING CHARGES AND FINANCING:	
53. Interest 14 months @ 17 % (9.917) on \$ 1,897,800	\$ 188,205
54. Taxes	\$ 1,000
55. Insurance	\$ 5,000
56. FHA Mtg. Ins. Pre. (0.5%)	\$ 18,978
57. FHA Exam. Fee (0.3%)	\$ 5,693
58. FHA Inspec. Fee (0.5%)	\$ 9,489
59. Financing Fee (1.5%)	\$ 28,467
60. AMPO ( )	\$
61. FNMA/GNMA Fee (2 %)	\$ 37,956
62. Title and Recording	\$ 4,500
63. TOTAL CARRYING CHARGES & FIN.	\$ 299,288
LEGAL, ORGANIZATION & AUDIT FEES:	
64. Legal	\$ 6,000
65. Organization	\$ 3,500
66. Certificate in Audit Fee	\$ 2,500
67. TOTAL LEGAL, ORGANIZATION & AUDIT FEE	\$ 12,000
68. Builder & Sponsor Profit and Risk	\$ 1,831,091
69. Consultant Fee	\$
70. Supplemental Management Fund	\$ 4,500
71. Contingency Reserve	\$
72. TOTAL ESTIMATED DEVELOPMENT COST (Excluding and or (Off-Site Cost) (Lines 50 + 53 + 67 + 68 + 69 + 70 + 71).....	\$ 2,018,700
73. LAND (Estimated Mark Price of Site) 174,240 sq. ft. @ \$ .52 per sq. ft.	\$ 90,000
74. TOTAL ESTIMATED R PLACEMENT COST OF PROJECT (Line 71 + Line 72).....	\$ 2,108,700

Source of Cash to meet Requirements

Cash on Hand	\$ 75,236
Letter of Credit	\$ 37,956
	\$
	\$
	\$
	\$
TOT. L.	\$ 113,192

177,067 ÷ .08396848 = 2,108,731  
 .90

1,897,858





