GENERAL INFORMATION

1. NAME OF JURISDICTION: ________________________________
2. NAME OF RESPONDENT: ________________________________
3. TITLE OF RESPONDENT: ________________________________

GROWTH CONTROL UPDATE

4. Since 1995, has your jurisdiction adopted any of the following growth management approaches?
   (for each approach, please check yes or no and indicate the year of adoption and how it was adopted)

   a. Residential building permit caps or limitations:  ___YES  ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

      Please indicate residential cap level in units per year: ____________________________
      Does this cap apply to affordable housing projects?  ___YES  ___NO

   b. Commercial construction caps or limitations:  ___YES  ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

   c. Adequate Public Facilities Ordinances tied to residential construction:  ___YES  ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

   d. Adequate Public Facilities Ordinances tied to commercial construction:  ___YES
      ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

   e. Urban service boundaries, urban limit lines, or urban growth boundaries:  ___YES
      ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

   f. Additional controls on annexation:  ___YES  ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other

   g. Growth management element to your General Plan:  ___YES  ___NO
      Year Adopted _______  Adopted by: __Resolution  ___Ordinance  ___Initiative  ___Other
Appendix I:
CALIFORNIA DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
Growth Management Control Update Survey

4. Growth Management Approaches, cont.

h. Rezoning of residential development areas to different uses: ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

i. Downzoning of areas previously identified for residential development: ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

j. Upzoning of areas previously identified for residential development: ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

k. Significant changes in residential development standards to further limit building heights
   and lot coverages: ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

l. Increases in per unit impact fees of 25% or more: ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

m. Land use changes requiring simple majority vote of the people (50%+1): ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

n. Land use changes requiring supermajority vote of the people (2/3 vote): ___YES ___NO
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

o. Other - please describe: ________________________________________________________
   Year Adopted ________ Adopted by: Resolution ______ Ordinance ______ Initiative ______ Other

5. Since 1995, have any existing growth controls expired or been withdrawn? ___YES ___NO

6. If yes, what types have expired or been withdrawn? (Indicate the type of control and the year of expiration/withdrawal)
   TYPE: ____________________________ YEAR: __________
   TYPE: ____________________________ YEAR: __________

7. Since 1995, has your city annexed new land areas to allow for additional growth? ___YES ___NO

Thank you for updating us on your growth management controls. Please fax this form back to:
(510) 643 9576