***The validity of the TDR Credit Certificate issued by the County shall be contingent upon the truthfulness and accuracy of the information included in this application.***

#  I. APPLICANT INFORMATION

Name(s) of TDR Certificate Owner (MUST BE COMPLETED):

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |

NAME OF AGENT (if applicable):

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **City** |  | **State** |  | **ZipCode** |  |
| **Phone** |  |
| **Fax** |  |
| **Email**II. PROJECT INFORMATION |  |

|  |  |
| --- | --- |
| Project Name: |  |
| PROJECT # |  |
| AR# (if appl.) |  |

****

# III. TDR’s PROPOSED FOR REDEMPTION

(Use separate page for each Certificate No.)

|  |  |
| --- | --- |
| From Certificate No.: |  |
| Number of TDR’s from this Certificate |  |

TDR Credit Numbers to be redeemed

*List each TDR Credit Number below. State “****ALL****”, if all credits from this Certificate will be redeemed.*

|  |  |  |  |
| --- | --- | --- | --- |
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# Iv. APPLICATION CHECKLIST

|  |  |
| --- | --- |
|  | TDR Certificate(s) from which TDR’s will be redeemed. |

|  |  |
| --- | --- |
|  | If Owner is an entity, attach Evidence of Authority. |
|  |  |
|  | Application fee in the amount of $250.00 made payable to the Collier County Board of County Commissioners |
|  |  |
|  | If Original Certificate cannot be located, please complete *LOST TRANSFER OF DEVELOPMENT RIGHTS*  |
|  | *CERTIFICATE AFFIDAVIT* (Form TDR-5) and *RELEASE OF LOST TRANSFER OF DEVELOPMENT RIGHTS CERTIFICATE (Form TDR-5B), if applicable.* |

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# v. ADDITIONAL NOTES OR INFORMATION (Optional)

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# VI. totals

|  |  |
| --- | --- |
| Number of Certificates involved in Redemption |  |
| Number of Base TDR’s Redeemed |  |
| Number of Bonus TDR’s Redeemed |  |
| Total TDR’s Redeemed | **0** |

****

# VIi. AUTHORIZATION

By my signature below, I hereby certify that the information provided herein is true and correct and that I am the legal owner of the TDR’s identified above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Date |
| Signature of Owner(s) |  |  |

|  |  |
| --- | --- |
| State of: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

 Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

 Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Notary Typed, Printed or Stamped including Commission No.

NOTICE – BE AWARE THAT:

Florida Statute Section 837.06 – False Official Statements Law states that:

“Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided by a fine to a maximum of $500.00 and/or maximum of a sixty day jail term.”

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VIII. LETTER OF AUTHORIZATION FOR TDR APPLICATION

(Required if owner is represented by an agent)

**TO WHOM IT MAY CONCERN:**

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as my Agent

 (Name of Agent – typed or printed)

in an application for the redemption of TDR Credits from TDR Certificates identified in the Application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Owner(s) of Record)

I hereby certify that I have the authority to make the foregoing application, and that the application is true, correct and complete to the best of my knowledge.

 AGENT:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |
| Date: |  |

 OWNER:

|  |  |
| --- | --- |
| Signature:: |  |
| Print Name: |  |

(Applicable to signature of Owner only)

|  |  |
| --- | --- |
| State of: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| County of: |  |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ Day Month Year

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is personally known to me or

Name of person acknowledging

who has produced the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as identification.

 Type of Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

 Signature of Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Notary Typed, Printed or Stamped including Commission No.

NOTICE – BE AWARE THAT:

Florida Statute Section 837.06 – False Official Statements Law states that:

“Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided by a fine to a maximum of $500.00 and/or maximum of a sixty day jail term.”