**PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH PARCEL**

***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. PROPERTY INFORMATION** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parcel ID #:** |  | | | | |
| **Section:** |  | **Township:** |  | **Range:** |  |

****

**III. STATEMENT OF INTENT**

A. Severance of TDR Base Credits:

|  |  |  |  |
| --- | --- | --- | --- |
|  | I have previously severed TDR Base Credits from the property, indentified in Section IV, below. | | |
|  |  | | |
|  | I have submitted an application for TDR Base Credit severance dated |  |

B. In this application, I wish to:

|  |  |  |
| --- | --- | --- |
|  | Apply for Restoration and Maintenance Bonus Credits only | |
|  |  | |
|  | Apply for both Restoration and Maintenance Bonus Credits and Conveyance Bonus Credits |
|  |  |
|  | Apply for Conveyance Bonus Credits only |

|  |  |
| --- | --- |
|  | Request Release of Performance Bond associated to the Restoration Maintenance Plan |

“The RMP shall provide financial assurance in the form of a performance surety bond or *similar financial security*, the RMP shall remain in place and be performed, until the earlier of the following occurs:

1. Viable and sustainable ecological and hydrological functionality has been achieved on the property as measured by the success criteria set forth in the RMP.
2. The property is conveyed to a county, state, or federal agency.”

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# Iv. TDR BASE CREDITS

(Complete only if Certificates have already been issued)

CERTIFICATE NUMBERS

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

****

# v. RESTORATION AND MAINTENANCE BONUS CREDITS

Please check the box that most closely describes this application, and submit the required documentation.

****

# vI. CONVEYANCE BONUS CREDITS

Please check the box that most closely describes this application, and submit the required documentation.

|  |  |
| --- | --- |
|  | The Property is or will be subject to mitigation permits from any of: U.S. Army Corps of Engineers, |
|  | U.S. Fish and Wildlife Service, Florida Department of Environmental Protection, Florida Fish and Wildlife Conservation Commission or South Florida Water Management District.  **Required Documentation:**   * Complete Copy of Permit(s) * Legal Description and legal sketch of area subject to permit(s) * Copy of Mitigation/Monitoring/Maintenance Plan * Financial Assurance in a form of a performance surety bond or similar instrument, in an amount stated in the plan [County Performance Bond Form attached] * Fee Amount: $250.00 |
|  |  |
|  | The property will be subject to a Private Restoration and Maintenance Plan. (The Plan should be |
|  | prepared by a qualified person or firm).  **Required Documentation:**   * A Listed Species Management Plan * A Plan for exotic vegetation removal and maintenance * Financial Assurance in a form of a performance surety bond or similar instrument, in an amount stated in the plan * Fee Amount: $250.00 |

|  |  |
| --- | --- |
|  | The property will be conveyed to a County, State or Federal Government Agency. The property has |
|  | an approved Restoration and Management Plan in place.  **Required Documentation:**   * List of Certificate Number(s) containing all TDR RMP Bonus Credits * Letter from the Agency indicating a willingness to accept conveyance. * Evidence of conveyed in fee simple deed (per LDC Section 2.03.07.D.4.c.ii.b) will be required prior to issuance of TDR Conveyance Bonus * Complete copy of the Agency’s Land Management Plan * No fee required |

***IF requesting Release of Performance Bond:***

* Cover letter requesting release of a performance bond
* Demonstration/Documentation of Success Criteria being met; or
* Evidence of executed deed of conveyance to State agency

****

# VII. AUTHORIZATION

By my signature below, I hereby certify that the information provided herein (including all attachments) is true and correct. I also understand that the Severance of TDR Base Credits must precede the issuance of Bonus Credits.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | 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 obtaining the TDR Bonus Credits for the property 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.”

COLLIER COUNTY LAND DEVELOPMENT CODE

PERFORMANCE BOND NO

KNOWN ALL PERSONS BY THESE PRESENTS: that

**NAPLES, FL 341**

(hereinafter referred to as “Owner”) and

**INSURANCE COMPANY****,**

(hereinafter referred to as “Surety”) are held and firmly bound to Collier County, Florida,  
(hereinafter referred to as “County”) in the total aggregate sum of  Dollars ($) in lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. Owner and Surety are used for singular or plural, as the context requires.

THE CONDITION OF THIS OBLIGATION is such that whereas, the Owner has submitted for approval by the County a Transfer of Development Rights application for a **acre Parcel – Project #PL****- Parcel #**and that certain application requires a Restoration and Management Plan (RMP) which includes specific obligations which are required by Collier County Ordinances and Resolutions (hereinafter “Land Development Regulations”). This obligation of the Surety shall commence on the date this Bond is executed and shall continue until the earlier of the following occurs, as described in Section 2.03.07.D.4.c.ii.a(3) of the Land Development Code:

1. Viable and sustainable ecologic and hydrological functionality has been achieved on the property as measured by the success criteria set forth in the RMP, or
2. The property is conveyed to a County, state or federal agency via a Conveyance Bonus Credit, as described in Section 2.03.07.D.4.c.ii.b) of the Land Development Code.

NOW, THEREFORE, if the Owner shall well, truly and faithfully perform its obligations and duties in accordance with the Land Development Code Regulations during the guaranty period established by the County, and the Owner shall satisfy all claims and demands incurred and shall fully indemnity and save harmless the County from and against all costs and damages which may suffer by reason of Owner’s failure to do so, and shall reimburse and repay the County all outlay and expense which the County may incur in making good any default, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, FURTHER, that the said Surety, for value received hereby stipulates and agrees that no change, extension of time, addition or deletion of the proposed specific improvements shall in any way affect its obligation on this Bond, and it does hereby waive notice of any such change, extension of time, alteration, addition or deletion to the proposed specific improvements.

PROVIDED, FURTHER, that it is expressly agreed that the Bond shall be deemed amended automatically and immediately, without formal and separate amendments hereto, so as to bind the Owner and the Surety to the full and faithful performance in accordance with the Land Development Regulations. The term “Amendment” wherever used in this Bond, and whether referring to this Bond, or other documents shall include any alteration, addition or modifications of any character whatsoever.

IN WITNESS WHEREOF, the parties hereto have caused this PERFORMANCE BOND to be executed this       day of      , 20     .

**Owner**Attest:

      By:        
        
 PRINT NAME

State of Florida  
County of

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized to take acknowledgements, personally appeared       of       to me known to be described in and who executed the forgoing instrument and acknowledged to and before me that they executed same.

Witness my hand and official seal in the county and state last aforesaid this       day of      , 20     .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Notary Public, State of Florida   
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 PRINT NAME

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 **Surety**

Attest:

      By:

             
 PRINT NAME  
State of        
County of

Before me this day personally appeared       Attorney-in-Fact for       Insurance Company who, being duly sworn, executed the foregoing instrument and acknowledged to and before me, the truthfulness and accuracy of the statements in the foregoing instrument.

Witness my hand and official seal in the county and state last aforesaid this       day of      , 20

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

My commission expires      . 20