



**REDEMPTION APPLICATION
TRANSFER OF DEVELOPMENT RIGHTS (TDR)**

RETURN TO:

**Comprehensive Planning
Section of Land Development
Services Department
2800 N. Horseshoe Drive
Naples, FL 34104
(239)252-2387 Ph
(239)252-6625 Efax**

FOR COUNTY USE ONLY	Project# _____
Date Received _____	By: _____
Completed Application Date _____	By: _____
CC Comp Plan Approval Date _____	By: _____

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.

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.

V. ADDITIONAL NOTES OR INFORMATION (OPTIONAL)

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: Florida
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

Signature of Notary Public 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.”

**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.

(Name of Owner(s) of Record) Date: _____

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: Florida
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

Signature of Notary Public Notary Public

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

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