**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:** |  |

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**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

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

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# v. RESTORATION AND MAINTENANCE 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 * Fee Amount: $250.00 |
|  | The property will be conveyed to a County, State or Federal Government Agency, which will |
|  | restore and manage the property.  **Required Documentation:**   * Letter from the Agency indicating a willingness to accept conveyance (including evidence (copy) of recorded deed required prior to TDR issuance * Complete copy of the Agency’s Land Management Plan * 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 |

****

# vI. CONVEYANCE BONUS CREDITS

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

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

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# 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:

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“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.”