



APPLICATION TO REDEEM TDRs IN A TDR RECEIVING AREA

TDR CERTIFICATE No. _____ (to be completed by the County)

Beaufort County Community Development Department

100 Ribaut Road / Room 115 / County Administration Building

Beaufort, South Carolina 29902

Phone: 843-255-2140 / Fax: 843-540-9432

ABOUT THIS FORM

WHEN SHOULD I USE THIS FORM?

Use this form when:

- You want to develop property in the area designated by Beaufort County as a TDR receiving area for additional density or intensity than that which is otherwise allowed by County ordinance.
- You have purchased or now hold a TDR certificate issued by the County planning director, which includes TDRs that have not previously been redeemed, according to the County's TDR Registry;
- You wish to redeem that certificate for additional development density or intensity for a proposed development project in a TDR receiving area.

WHAT WILL HAPPEN NEXT?

This form should be submitted along with any rezoning request to increase residential density or commercial intensity through the establishment of a TDR overlay district on the receiving area parcel. If County Council decides to grant the rezoning request, the planning director will grant additional density or intensity to your proposed project based on the number of TDRs you redeem. The serial numbers of all TDRs that you are redeeming will be recorded on the final plat or the development permit. Final County approval will not be issued until you have transmitted all TDR certificates to the County containing the required number of TDRs.

A. APPLICATION CHECKLIST

_____ Completed and notarized application.

_____ TDR certificate(s) from which TDRs will be redeemed.

_____ If the owner of the receiving area property is an entity, attach evidence of authority of the applicant to act on behalf of the entity.

_____ Application fee of \$_____

B. CONTACT INFORMATION

APPLICANT (PERSON WHO OWNS THE TDR CERTIFICATES)

If additional applicants exist, please provide this information for each owner on separate paper.

Name: _____

Address: _____

Phone: _____ E-mail: _____

APPLICANT'S REPRESENTATIVE (IF APPLICABLE)

Name: _____

Address: _____

Phone: _____ E-mail: _____

C. ASSOCIATED PROJECT INFORMATION

Project Name: _____ Project No.: _____

D. TDRs PROPOSED FOR REDEMPTION

Number of certificates from which TDRs are being redeemed: _____ Total TDRs being redeemed: _____

For each TDR certificate from which TDRs are being redeemed, provide the following information. (Use separate page for each certificate number.)

TDR certificate number: _____ Original issue date: _____

Will all of the TDR serial numbers from the certificate be redeemed? Yes _____ No _____

TDR serial numbers that will be redeemed from this certificate:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. CERTIFICATIONS BY OWNER OF TDR CERTIFICATES

I certify that all information provided in this application is true, correct, and complete. I certify that I am the legal owner of the certificates listed above.

If I have listed a representative on page 1 of this application, I agree that he/she can act as my agent in this application.

Signature of property owner

Date

Signature of property owner

Date

STATE OF SOUTH CAROLINA

COUNTY OF BEAUFORT

Sworn/affirmed to and subscribed before me on this ____ day of _____, 20____.

Personally known [] or Produced identification [] Type of Identification produced_____

Signature of Notary Public

Printed name and commission number

My commission expires _____

(Notary Seal)

F. CERTIFICATIONS BY REPRESENTATIVE (if applicable)

I certify that all information provided in this application is true, correct, and complete to the best of my knowledge.

Signature of representative

Date