



APPLICATION TO TRANSFER TDR CERTIFICATE

TRANSFERRED 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 own a Transfer of Development Rights (TDR) Certificate(s) and you would like to sell or otherwise transfer it to someone else.

A. APPLICATION CHECKLIST

- _____ Completed and notarized application.
- _____ Original TDR certificate(s) being transferred.
- _____ Copy of instrument effectuating transfer of TDR certificate(s) and indicating consideration paid for the certificate, if applicable.
- _____ If either the current or new owner of the certificates is an entity, attach evidence of authority of the applicant to act on behalf of the entity.
- _____ Application fee of \$_____

B. CONTACT INFORMATION

CURRENT OWNER OF TDR CERTIFICATE(S)

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

Name: _____

Address: _____

Phone: _____ E-mail: _____

CURRENT OWNER'S REPRESENTATIVE (IF APPLICABLE)

Name: _____

Address: _____

Phone: _____ E-mail: _____

E. CERTIFICATIONS BY CURRENT 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, in accordance with the County's TDR Registry.

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

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 CURRENT OWNER'S 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

G. CERTIFICATIONS BY NEW OWNER OF TDR CERTIFICATES

I certify that all information provided in this application is true, correct, and complete. I certify that I wish to become the owner of the TDR certificate(s) listed on this application.

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

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)

H. CERTIFICATIONS BY NEW OWNER'S 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