

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:		
	E-mail:	

NEW OWNER (PERSON RECEIVING THE TDR CERTIFICATES FROM THE CURRENT OWNER)

Name:	
Address:	
Phone:	E-mail:
NEW OWNER'S REPRESENTAT	
	E moil:
	E-mail:
D. TDRs TO BE TRANSFERRED	
Number of TDR certificates involve	ed in transfer: Total TDRs being transferred:
Consideration paid (unless none is	or will be paid): \$
For each certificate that is involve certificate number.)	red, provide the following information. (Use separate page for each
TDR certificate number:	Original issue date: Date of transfer:
Will all of the TDRs from the certifi No	cate be transferred (i.e., all assigned TDR serial numbers)? Yes
TDR serial numbers that will be tra	nsferred from this certificate:

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 m	e on this day of	, 20
Personally known [] or Produced identifica	tion [] Type of Identification	n produced
Signature of Notary Public		
Printed name and commission nur	mber	
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 t	his 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