

City Use Only

Date Received \_\_\_\_\_

Date Issued \_\_\_\_\_

Resolution \_\_\_\_\_



**APPLICATION FORM  
TRANSFER OF DEVELOPMENT RIGHTS  
PROGRAM CERTIFICATE**

Clerk of Court Use Only

**I. APPLICANT INFORMATION**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**II. RECEIVER SITE INFORMATION AS APPLICABLE**

OWNERS NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPERTY ADDRESS/LOCATION \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

FOLIO NUMBER \_\_\_\_\_ CURRENT ZONING \_\_\_\_\_

PROPERTY SIZE \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_

EXISTING USE OF PROPERTY \_\_\_\_\_

EXISTING STRUCTURE ON PROPERTY \_\_\_\_\_

PROPOSED FLOOR AREA RATIO \_\_\_\_\_ DENSITY \_\_\_\_\_

PERCENTAGE OF RIGHTS TO BE RECEIVED \_\_\_\_\_

SQUARE FOOTAGE OF FLOOR AREA TO BE RECEIVED \_\_\_\_\_

DWELLING UNITS TO BE RECEIVED \_\_\_\_\_

TOTAL FLOOR AREA RATIO INCLUDING TDR \_\_\_\_\_

TOTAL DWELLING UNITS INCLUDING TDR \_\_\_\_\_

**III. SENDING SITE INFORMATION**

OWNERS NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPERTY ADDRESS/LOCATION \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_

FOLIO NUMBER \_\_\_\_\_ CURRENT ZONING \_\_\_\_\_

PROPERTY SIZE \_\_\_\_\_ PURCHASE DATE \_\_\_\_\_

EXISTING USE OF PROPERTY \_\_\_\_\_

EXISTING STRUCTURES ON PROPERTY \_\_\_\_\_

BASE FLOOR AREA RATIO PERMITTED \_\_\_\_\_ UNITS PERMITTED \_\_\_\_\_

SQUARE FOOTAGE OF FLOOR AREA TRANSFERRED TO TDR BANK \_\_\_\_\_

DWELLING UNITS TRANSFERRED TO TDR BANK \_\_\_\_\_

**IV. APPRAISAL INFORMATION - AS APPLICABLE [APPRAISER MUST BE APPROVED BY THE CITY]**

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF APPRAISAL \_\_\_\_\_

APPRAISAL VALUE OF SITE \_\_\_\_\_

**V. TITLE COMPANY INFORMATION AS APPLICABLE [TITLE COMPANY MUST BE APPROVED BY CITY]**

A COMMITMENT OF TITLE INSURANCE FOR A FORM "B" MUST BE SUPPLIED BY THE SENDING SITE APPLICANT AS PART OF A COMPLETE APPLICATION

NAME OF TITLE COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**VI. SURVEY COMPANY INFORMATION**

NAME OF SURVEYOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**VII. PROPERTY OWNER CERTIFICATION**

NAME OF COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

**VIII. OUTDOOR CODE VIOLATIONS, AS APPLICABLE**

**(PROVIDE CERTIFICATION FROM CITY'S CHIEF CODE INSPECTOR)**

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**IX. CERTIFICATION OF RESOLUTION FOR YOUR PROPERTY AND INCLUDING ADJACENT LOTS**

**X. PROPERTY OWNER CERTIFICATION AND ACKNOWLEDGEMENT**

I HEREBY CERTIFY THAT

- 1) THE INFORMATION FURNISHED ON THIS APPLICATION AND THE ATTACHEMNTS ARE TRUE
- 2) I AM THE OWNER OF RECORD OF THE PROPERTY DESCRIBED IN SECTION (II) (III) (circle applicable number).
- 3) IF THE APPLICATION, AS MODIFIED OR AMENDED DURING THE REVIEW AND APPROVAL PROCESS, IS GRANTED, I AGREE, IN CONSIDERATION THEREFORE, TO INDEMNIFY AND HOLD HARMLESS, AND PROMISE NOT TO SUE, THE CITY OF SUNNY ISLES BEACH, INCLUDING ITS OFFICERS AND EMPLOYEES, IN CONNECTION WITH ANY CLAIMS OR OTHER ACTIONS ARISING OUT OF SAID REVIEW AND APPROVAL.
- 4) I HEREBY ACKNOWLEDGE AND AGREE THAT IF THE PROPERTY IS APPROVED AS A SENDER SITE, IT SHALL BE CONVEYED TO THE CITY AS VACANT PROPERTY WITHOUT ANY STRUCTURES LOCATED THEREON, UNLESS OTHERWISE AAPROVED BY THE CITY MANAGER. THE REMOVAL OF STRUCTURES FROM THE SITE SHALL BE AT NO COST TO THE CITY.
- 5) I HEREBY ACKNOWLEDGE AND AGREE THAT, AT THE EXPIRATION OF THE FIVE YEAR PERIOD COMMENCING WITH THE DATE OF THE CITY COMMISSION APPROVAL OF THE PROPERTY AS A SENDER SITE, ANY UNUSED DEVELOPEMNT RIGHTS TRANSFERRED FROM THE SENDER SITE SHALL EXPIRE, TERMINATE AND BECOME EXTINGUISHED AND UNUSABLE.

\_\_\_\_\_  
SIGNATURE OF OWNER (APPLICANT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-OWNER (CO-APPLICANT)

\_\_\_\_\_  
DATE

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ on behalf of \_\_\_\_\_, a Florida (corporation) (partnership) (other) \_\_\_\_\_ . He /She is personally known to me or has produced \_\_\_\_\_ (type of identification produced) as identification and did take an oath.

My Commission Expires:

\_\_\_\_\_  
Notary Public State of Florida

Print Name: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ on behalf of \_\_\_\_\_, a Florida (corporation) (partnership) (other) \_\_\_\_\_ He/She is personally known to me or has produced \_\_\_\_\_ (type of identification produced) as identification produced and did take an oath.

My Commission Expires:

\_\_\_\_\_  
Notary Public, State of Florida at Large

Print Name: \_\_\_\_\_