

DATE

When complete, return application to: City of Redmond Department of Planning & Community Development, MS 4SPL PO Box 97010 Redmond, WA 98073-9710

## APPLICATION FOR ISSUANCE OF DEVELOPMENT RIGHTS TDR CERTIFICATE FOR CRITICAL AREA/CRITICAL HABITAT AREAS

ALL TRANSFERS OF DEVELOPMENT RIGHTS (TDRS) SHALL BE BY DEED. NO TRANSFER OR USE OF TDRS SHALL BE ALLOWED WITHOUT THE PRIOR RECORDATION OF A CONSERVATION EASEMENT. ALL TRANSACATIONS SHALL BE ON FORMS PRESCRIBED BY THE CITY OF REDMOND. ANY GUARANTEES OF TITLE SHALL BE THE RESPONSIBILITY OF THE GRANTOR.

THE CONVEYANCE OR USE OF DEVELOPMENT RIGHTS RESTRICTS THE USE OF THE SENDING AREA PROPERTY BY THE OWNERS, FUTURE PURCHASERS, HEIRS, AND ASSIGNS TO THOSE PERMITTED BY THE CONSERVATION EASEMENT THAT WILL BE REQUIRED AS A CONDITION OF ISSUANCE OF THIS CERTIFICATE.

AT THE TIME OF USE OR CONVEYANCE OF TDRS A LEGAL DESCRIPTION TOGETHER WITH A DIAGRAM ACCEPTABLE TO THE ADMINISTRATOR MUST BE SUBMITTED FOR RECORDATION PURPOSES.

		AP	PLICATION NUMBE	CR:		
				(staff use only)		
PROPERTY OWNER:		CONTACT	CONTACT PERSON (if different from owner):			
Name	e			Name		_
Address				Address		
Phon	ne .	email		Phone	email	<del>-</del> -
1.			rolled in Program:_			
2.			arcel Number(s) of t			
3.	Zoning:	_ 4. Total Acre	s of Site:5. T	Total Acres Propos	ed to this Certificate:	
6. 7.	Number of Development Rights requested with this Certificate: Name and address of person or company to which this Certificate will be transferred, if known at to of application:					
The foll	lowing items must	be included wi	th this application:			
	C		on of the critical hab	itat area nronosed	as a sending area	
					fer area proposed as a sending	area
			n of a copy of a curr			
	TIFY THAT THE LEDGE:	ABOVE INFO	RMATION IS ACC	URATE AND CO	MPLETE TO THE BEST OF	MY
OWNER SIGNATURE		APPLICAN	T (IF DIFFEREN	T THAN OWNER)		
PRINT NAME			PRINT NA	ME		

DATE