



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 CERTIFICATE FOR URBAN RECREATION (UR) ZONED PROPERTY

APPLICATION NUMBER: _____
 (staff use only)

PROPERTY OWNER:

CONTACT PERSON (if different from owner):

 Name

 Name

 Address

 Address

 Phone

 email

 Phone

 email

1. Current Use of Land to be enrolled in Program: _____
2. King County Parcel Number(s) of the Transfer Area: _____
3. Legal Description of Transfer Area (attach separately)
4. Total Acres of Site: _____
5. Total Acres Subject to this Certificate: _____
6. Number of Development Rights requested with this Certificate: _____
7. Number of existing residential units located on the subject property: _____
8. Are any future residential units planned for the property (check one)? Yes. No. If yes, how many? _____
9. Include a copy of title report demonstrating current property ownership.
10. Name and address of person or company to which this Certificate will be transferred, if known: _____

ALL TRANSFERS OF DEVELOPMENT RIGHTS SHALL BE BY DEED. NO TRANSFER SHALL BE EFFECTIVE WITHOUT THE PRIOR RECORDATION OF A CONSERVATION EASEMENT RESTRICTING THE USE OF THE SENDING AREA PROPERTY. ALL TRANSACTIONS SHALL BE ON FORMS PRESCRIBED BY THE CITY OF REDMOND. ANY GUARANTEES OF TITLE SHALL BE THE RESPONSIBILITY OF THE TRANSFEROR.

THE CONVEYANCE 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 WHICH WILL BE REQUIRED AS A CONDITION OF ISSUANCE OF THIS CERTIFICATE.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

 OWNER SIGNATURE

 APPLICANT (IF DIFFERENT THAN OWNER)

 PRINT NAME

 PRINT NAME

 DATE

 DATE