



**Islamorada, Village of Islands
Planning & Development Services**

86800 Overseas Highway, Islamorada, FL 33036
T: 305-664-6400, F: 305-664-6467

Application for Transfer of Development Rights

Pursuant to Code Chapter 30, Article IV, Division 12

Application Type: Nonresidential Floor Area	Fee	Deposit*	Total Fee
Transfer of 4,999 square feet of nonresidential floor area or less:	\$1,500	\$500	\$2,000
Transfer of 5,000 square feet of nonresidential floor area or more:	\$2,500	\$500	\$3,000

Application Type: Residential dwelling units and density or hotel/motel units	Fee	Deposit	Total Fee
Transfer of four or less dwelling units or hotel/motel units:	\$1,500	\$500	\$2,000
Transfer of five or more dwelling units or hotel/motel units:	\$2,500	\$500	\$3,000

* A deposit is required for development approval or permits which necessitate additional review and processing, and/or public hearing and notice requirements. Applicants are required to pay a cost recovery deposit which shall be credited toward the fee charged for such additional review and processing and shall pay additional deposits as may be required from time to time. A debit based upon the actual time expended in reviewing an application and the applicable actual amount charged to the Village shall be charged against the cost recovery deposit.

Please Note: This Application Accepted by Appointment Only.

An application must be deemed complete and in compliance with the Village Code by Staff prior to the items being scheduled for review.

Applicant / Agent (if applicable): Property owner must submit a **notarized** letter authorizing the applicant/agent to act on their behalf including the agent’s name, address and phone number.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____ Office: _____ Fax: _____

Email: _____

Sender Site Property Owner: If multiple sender sites, please provide details of such on separate page.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____ Office: _____ Fax: _____

Email: _____

Sender Site Legal Description: If in metes and bounds, attach legal description on separate page.

Physical Address: _____ Mile Marker: _____

Lot: _____ Block: _____ Subdivision: _____

___ Plantation Key ___ Windley Key ___ Upper Matecumbe Key ___ Lower Matecumbe Key

Real Estate (RE) Number: _____ Alternate Key: _____

Zoning District: _____

Future Land Use Category: _____

Total Land Area: _____

Square Feet _____ acres

Proposed TDR Sender Site:	Existing Development Rights	Proposed Transfer to Receiver Site(s)	Remaining Development Rights
Amount of nonresidential floor are in square feet (SF):			
Number of residential Market Rate dwelling units:			
Number of residential Affordable dwelling units:			
Amount of residential density in acres (AC):			
Number of hotel/motel units:			

Receiver Site Property Owner: If multiple sender sites, please provide details of such on separate page.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home/Mobile Phone: _____ Office: _____ Fax: _____

Email: _____

Receiver Site Legal Description: If in metes and bounds, attach legal description on separate page.

Physical Address: _____ Mile Marker: _____

Lot: _____ Block: _____ Subdivision: _____

___ Plantation Key ___ Windley Key ___ Upper Matecumbe Key ___ Lower Matecumbe Key

Real Estate (RE) Number: _____ Alternate Key: _____

Zoning District: _____ Future Land Use Category: _____

Total Land Area: _____ Square Feet _____ acres

Please submit the following documents for all applications:

___ **Correct application fee:** Check or money order made payable to "Islamorada, Village of Islands".

___ **Notarized agent authorization letter** from all owners of sender and receiver sites.

___ **Proof of ownership** of sender and receiver sites (i.e. warranty deeds).

___ **Signed and sealed survey** prepared by a Florida registered surveyor.

___ **Vegetation survey and/or a habitat analysis** prepared by a qualified biologist of all sites.

___ **Declaration of Covenants, Conditions and Restrictions** on the sender site indicating the recorded amount of nonresidential floor area, residential dwelling units or hotel/motel units remaining.

___ **Grant of Conservation Easement Agreement** on the sender site prohibiting any future development on all hammock areas of the property.

___ **Restoration plan** prepared by a qualified biologist in accordance with Code Section 30-1615.

If deemed necessary to complete a full review of the application, the Planning & Development Services Department reserve the right to request additional information.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I certify that all information required has been provided.

Digital signatures do not require notarization when they can be verified by a Trusted Certificate issued by a third-party Certificate Authority. If you are not using a "verifiable digital signature", print this document and have it notarized.

Signature of Applicant or Agent: _____ Date: _____

Print Name: _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me by means of ___ physical appearance or ___online notarization, this ____ day of _____, 20____, by _____ (name of person signing the application) as _____ (type of authority e.g. officer, manager / member, trustee, attorney in fact) for _____ (name of entity or party on behalf of whom application was executed).

Signature of Notary Public –State of Florida

SEAL:

___Personally Known ___Produced Identification Type of ID: _____