

REQUEST FOR REGISTRATION OF RESTRICTIVE COVENANT

SECTION I. OWNER/REGISTRANT INFORMATION

PROPERTY OWNER(S): _____

DAYTIME PHONE: _____ FAX: _____

ADDRESS: _____

SECTION II. PROPERTY INFORMATION

TAX CODE NO(S): _____

TOTAL ACRES: _____ ACRES WITHIN RESTRICTIVE COVENANT: _____

LEGAL DESCRIPTION: _____

GENERAL PROPERTY LOCATION: _____

NUMBER OF DEVELOPMENT RIGHTS SEVERED: _____

ZONING BASEMAP(S): _____ BOARD OF SUPERVISORS DISTRICT: _____

PREVIOUS SEVERANCE OF DEVELOPMENT RIGHTS: ___ YES ___ NO IF YES, DATE WHEN
SEVERANCE REGISTERED WITH DEVELOPMENT SERVICES: _____

PREVIOUS CASE NUMBER: _____

EXISTING LAND USE(S): _____

CURRENT/CONDITIONAL ZONING: _____

COMPREHENSIVE PLAN DESIGNATION(S) AND ACREAGE(S): _____

EXISTING RECORDED RESTRICTIONS ON DEVELOPMENT: _____

SECTION III. SUBMITTALS

THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION:

- Map - refer to Section III.B of the TDR Manual for requirements.
- Electronic version of map
- Copy of Restrictive Covenant
- Ownership verification: Assessor's map and property inquiry (APIQ) printout.
- If applicable, signatures of all lienholders.
- If a trust, original signature of trust officer and list of beneficiaries (if applicable).
- If a corporation, original signature with person's title and the list of corporate officers (if applicable).
- Title Report

SECTION IV.

This complete application is true and correct to the best of my knowledge. I am the owner of the above described property or have been authorized by the owner to make this application.

REGISTRANT'S SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Date Received _____ Received By _____ Case No. _____

Date Restrictive Covenant Signed _____ Date Recorded _____

Date Certificates Issued: _____ Certificate Numbers: _____