

TOWNSHIP OF WOOLWICH
120 VILLAGE GREEN DRIVE
WOOLWICHTOWNSHIP N. J. 08085
(856) 467-2666 - Telephone
(856) 467-3545 - Fax

<i><u>For Municipal Use Only:</u></i>
Received By: _____
Date: _____
Fee: _____
Escrow: _____

TRANSFER OF DEVELOPMENT RIGHTS ("TDR")
APPLICATION FOR ASSIGNMENT OR REASSIGNMENT OF TDR CREDITS

ATTENTION: This application must be completed in full. If requested information is not applicable to your application, fill in N/A. If an area is incomplete, the Administrative Officer reserves the right to deem the application incomplete and, therefore, a "receipt date" will be invalid. Please type or print information.

(Check One)

- Assignment
- Reassignment

I. APPLICANT INFORMATION

Name: _____

Address: _____

Mailing Address (If Different): _____

Tel. Number: _____ Fax Number: _____

Property Address: _____

Block Number(s): _____ Lot Number(s): _____

Acreage of Parcel(s): _____

1. Is the applicant the current credit holder? Yes _____ No _____
If no, please attach "Credit Holder Consent Form for TDR Assignment or Reassignment".
2. How many TDR Credits are available to the Property? _____
3. How many TDR Credits are being assigned/reassigned at this time? _____

For assignment only (answer questions 4-7):

4. Is the applicant the owner of the property from which these TDR Credits originated?
Yes _____ No _____

If no, please attach "Landowner Consent Form for TDR Credit Assignment."

5. Is an application for enrollment being filed concurrently with this application?
Yes _____ No _____
6. Is this the first time credits listed on page of this application have been assigned?
Yes _____ No _____
7. How many TDR Credits have already been assigned or extinguished? _____

For reassignment only (answer questions 8-9):

8. Please provide a brief justification for the reassignment request.

9. Is an application for disenrollment being filed concurrently with this application?
Yes _____ No _____

II. CREDIT INFORMATION

1. Has the Applicant provided clear proof of title from a New Jersey Certified Title Company?

Yes _____ No _____

2. Please provide the date and manner from which the current credit holder (Assignor) covered by this application derives title. If title is from a recorded instrument, please provide the recording information (county deed book, page and date) from the instrument and affix a copy of the instrument to this application.

Book _____ Page _____ Date _____

3. Are there any mortgages, liens, judgments, or encumbrances against title to the TDR Credits which are the subject of this application?

Yes _____ No _____

If yes, provide an "Interest Holder Consent Form for TDR Assignment or Reassignment" for each of such interest holders. The signature(s) must be original.

III. TDR CREDIT ASSIGNMENT OR REASSIGNMENT

A. Credit Holder Information (Assignor):

(Entity from whom credits will be transferred)

Name: _____

Address: _____

Tel. Number: _____ Fax Number: _____

B. Credit Purchaser Information (Assignee):

(Entity to Whom Credits Are Being Assigned or Reassigned)

Name: _____

Company Name: _____

Address: _____

Tel. Number: _____ Fax Number: _____

C. Credit Information

Please supply the following information for each TDR Credit to be assigned or reassigned (Do not include credits retained for an existing or future single family detached dwelling unit as per 203-54 H&I):

IV. ATTACHMENTS

1. Please indicate which of the following documents, if any, are attached hereto:

Proposed Assignment

Yes _____ No _____

Landowner Consent for TDR Credit Assignment Form

Yes _____ No _____

Credit Holder Consent for TDR Assignment or Reassignment Form

Yes _____ No _____

Interest Holder Consent for TDR Assignment or Reassignment Form

Yes _____ No _____

Recording Instrument Evidencing Proper Title

Yes _____ No _____