



Snohomish County

Planning and Development Services

TRANSFER of DEVELOPMENT RIGHTS CERTIFICATE

TDR Certification Application Number:

TDR Certificate Number:

Issued:

Supercedes:

	Applicant	Contact Person (if different)
Name:	_____	_____
Mailing Address:	_____	_____
City, State, Zip:	_____	_____
Phone #:	_____	_____
Fax #:	_____	_____
Email:	_____	_____

Sending site Assessor's parcel numbers, their section, township, and range and their respective acreage:

Assessor's Tax Account #	Parcel #	Acreage	
_____	_____	_____	Sec____ Twp____ Range____
_____	_____	_____	Sec____ Twp____ Range____
_____	_____	_____	Sec____ Twp____ Range____
_____	_____	_____	Sec____ Twp____ Range____
_____	_____	_____	Sec____ Twp____ Range____
_____	_____	_____	Sec____ Twp____ Range____

Number of TDR certificates issued on sending site: _____ of _____

Serial numbers of other TDR certificates issued on sending site:

Signature: _____ Date: _____