



**TOWN OF YEMASSEE  
TRANSFER OF DEVELOPMENT  
RIGHTS APPLICATION**

Town of Yemassee  
Attn: Administration Department  
101 Town Cir  
Yemassee, SC 29945-3363  
www.townofyemassee.org

Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Town Business License # (if applicable):			
Project Information			
Project Name:			
Development Rights Being Transferred:			
Sending Zone:		Receiving Zone:	
Zoning District:		Zoning District:	
Address:		Address:	
Tax Map Number:		Tax Map Number:	
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Two (2) full sized copies and digital files of the maps and/or plans depicting the Sending and Receiving Zones. <input type="checkbox"/> 2. Two (2) full sized copies and digital files of the Boundary Surveys, signed and sealed by a registered land surveyor, of Sending Zone and Receiving Zone. <input type="checkbox"/> 3. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the DSO. <input type="checkbox"/> 4. Recorded deed and plat showing proof of property ownership for both Receiving and Sending Zones. <input type="checkbox"/> 5. Statement of the Applicant(s) ability and right to transfer. <input type="checkbox"/> 6. Submittal of concurrent applications as applicable. <input type="checkbox"/> 7. An Application Review Fee as determined by the Town of Yemassee Schedule of Rates & Fees. Checks made payable to the Town of Yemassee.			
<b>Note:</b>		<b>A Pre-Application Meeting is required prior to Application submittal.</b>	
<b>Disclaimer:</b>		<b>The Town of Yemassee assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit.</b>	
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.			
Property Owner Signature:		Date:	
Applicant Signature:		Date:	
For Office Use			
Application Number:		Date Received:	
Received By:		Date Approved:	