

NEVADA LAND BANK
Nevada Division of State Lands
Nevada-Tahoe Resource Team
333 S. Carson Meadows Drive, Suite 44
Carson City, Nevada 89701

Application No. _____

APPLICATION FOR PURCHASE AND TRANSFER OF LAND COVERAGE

Please complete this application and either mail or deliver it to Robert Nellis, Land Agent at the address listed above. Applicant must complete a separate Application for each Assessor's Parcel Number to which you wish to transfer coverage.

This application must be submitted along with proper documentation and an application fee of \$250.00. Please make the check payable to "Nevada Division of State Lands". See Item # 5. Documentation and Item #6. Application Fee, below.

In the event you have any questions please contact Robert Nellis at (775) 687-4946.

Hydrologic Zone: #1 - Incline Village

This application is for the purchase of _____ square feet of Class _____, Potential Coverage.
Proposed Date of Sale: _____, 2004
Receiving Site APN: _____

Applicant/Agent hereby certifies that applicant, or agent on behalf of applicant, has made a reasonable effort to locate and purchase the required coverage at competitive market rates within the private market and has been unsuccessful in said search.

Applicant/Agent

Date

1. Project Identification

Please identify the property to which you would be applying the coverage (Receiving Parcel).

Address: _____
Lot No.: _____
Subdivision: _____
County: _____
APN: _____

If you have filed for a building permit with the Tahoe Regional Planning Agency or Washoe County, please fill-in the following information:

Agency (applied to for permit): _____

Permit or Application No: _____

Name of Applicant: _____

2. Eligibility Criteria

Do you have current project plans to develop the above property, requiring a transfer of coverage?

YES / NO (circle one)

Do you intend to obtain a TRPA or Washoe County building permit for the project within the next 12 months?

YES / NO (circle one)

3. Coverage Needs of Project (contact the TRPA if you do not have this information)

Bailey Classification (if applicable): _____

IPES Score (if any): _____

Total area of property: _____

Allowable Base Coverage: _____

Allowable Coverage with Transfer: _____

Existing Coverage: _____

Amount of coverage proposed to be transferred on to site: _____
(Off-site coverage can be mitigated by means other than coverage transfer)

Have you obtained or contracted for transfer of coverage from any other source?

YES / NO (circle one)

If so, how much? _____

4. Applicant Identification

The following information should be supplied for the person who will be purchasing coverage on behalf of the above project?

Name: _____

Address: _____

Telephone: Office: _____ Cell: _____

Please describe the relationship of Applicant to the subject project (check all that apply).

Applicant is: _____ the owner of the property.

_____ agent or attorney-in-fact for property owner.

_____ Under contract to purchase the property.

_____ agent or attorney-in-fact for party with contract to purchase the property.

Other: _____

5. Documentation

This application should be returned with the following documents/materials to assist us in our review:

- a. _____ Proof of ownership (copy of recorded Grant Deed).
- b. _____ If an agent is acting on behalf of the owner, a letter of authorization from the owner.
- c. _____ Copy of the Project Site Plan showing the coverage calculations and IPES score or land capability districts.
- d. _____ Copy of the TRPA or Washoe County conditional project permit or a copy of the permit application, along with a letter from the governing agency stating the application is complete; or
- e. _____ Copy of the permit application along with evidence of filing, e.g. receipt, showing the amount of coverage to be transferred. In this case a will-serve letter may be issued.

In the event these documents are not available at the time of filing this application, the application will be rejected. In the event the applicant has submitted 5.a., b., and c., however did not submit 5. d. or e., applicant may be placed on the "Will-Serve Letter Waiting List". A purchase agreement cannot be prepared until NDSL has received items 5. a., b., c. and d. above.

6. Application Fee

This application must be submitted, in addition to the items listed in Item #5 above, along with a check in the amount of \$250.00, made payable to Nevada Division of State Lands. In the event this application is not approved for processing, the application fee will be returned to applicant. In the event this application is approved for processing, the \$250.00 fee will become non-refundable for any reason, including whether or not a coverage transfer actually takes place. This fee is not applicable to the purchase price of the coverage or any other fees or costs.

Applicant's Initials _____

I understand that the amount of coverage which I propose to purchase is subject to the review and approval of the Nevada Land Bank and Incline Village General Improvement District. I further understand that I will not be able to purchase more than the amount of coverage which is required for the above project and which can be transferred onto the subject property.

Applicant

Date

Applicant

Date

I may be interested in purchasing the following rights from the Nevada Land Bank:

_____ Development Rights

_____ Residential Units of Use

_____ Other (please describe): _____

* * * * *

In the event there are any questions please contact Robert Nellis at (775) 687-4946.