



Application No. _____

**APPLICATION FOR PURCHASE AND TRANSFER OF LAND COVERAGE FROM
THE NEVADA LAND BANK**

Please complete this application and either mail or deliver it to the address listed below. Applicant/Agent must complete a separate application for each Assessor's Parcel Number to which Applicant/Agent wishes to transfer coverage.

This application must be submitted along with proper documentation and an application fee. The application fees are as follows:

For coverage transactions taking place in Hydrozone 1, Incline Village: **\$250.00 application fee**

For coverage transactions taking place in Hydrozones 2, 3, 4 and 9:
(Agate Bay, Marlette, Cave Rock and South Stateline Hydrozones) **\$250.00 application fee**

Please make the check payable to "Nevada Division of State Lands".

In the event you have any questions please contact Sherri Barker, State Land Agent for the Division of State Lands at (775) 684-2735.

Hydrologic Zone: _____

This application is for the purchase of _____ square feet of Class ____ coverage.

Please select one: Potential Coverage Restored Coverage

Please select one if applicable: Hard Soft

Proposed Date of Sale: _____ 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 Signature

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 applicable 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

Do you intend to obtain a TRPA or applicable County building permit for the project within the next 12 months?
 YES NO

If neither of the above situations applies, please explain why below:

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 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: _____
Email: _____

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- please specify: _____

5. Documentation

This application **must** 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 applicable 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 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., applicant may be placed on the "Sale Pending 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 the application fee, 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 application 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 (or agent) 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. 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

7. Optional

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

- Development Rights
- Residential Units of Use
- Other (please describe):