

**Suffolk County Department of Health Services**

**Transfer of Development Rights Data Sheet**

Applicant/Client \_\_\_\_\_ SCDHS Ref. No. \_\_\_\_\_

This form should be completed and submitted with the other requested items in accordance with the instructions in Section III of this document.

**SECTION 1 – RECEIVING PARCEL INFORMATION**

SITE DESCRIPTION	RECEIVING PARCEL
1. Indicate the Suffolk County Tax Map Number for the parcel; including district, section, block and parcel number. (e.g., 200-23-9-6.2)	
2. Indicate the name of the street, road, avenue, etc., fronting the parcel	
3. Indicate the Hamlet or Village where the parcels are located, (e.g., Medford, Patchogue, Aquebogue)	
4. Indicate the area of the parcel in square feet	
5. Indicate the Groundwater Management Zone that the parcel is located in, such as Zone 3, 6, etc. (These zones can be obtained from the Department's Groundwater Management Zone Map.)	
6. Indicate the Town zoning category for the parcel (e.g., R-10, J2, etc).	
7. Indicate if the parcel is in conformance with municipal zoning regulations (Yes or No). If no explain in comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Indicate if public water service is presently available for the parcel (Yes or No). If an extension of a water main is required for servicing the parcel, indicate the cost and distance required in the comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Indicate if public sewers are presently available for the parcel (Yes or No). If an extension is required to service the parcel, indicate the cost and distance required in the comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Indicate the depth to groundwater below existing grade for the parcel (feet).	
11. Indicate if there are any designated wetlands or surface water located on the parcel (Yes or No). If yes submit a survey showing the extent of the wetlands or surface water on the property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Comments or Explanations	

**FOR OFFICE USE ONLY**

Permissible Lot Yield or Discharge	
Proposed Lot Yield or Discharge	
Remarks	

**SECTION II – SENDING PARCEL INFORMATION**

SITE DESCRIPTION	SENDING PARCEL
1. Indicate the Suffolk County Tax Map Number for the parcel; including district, section, block and parcel number (e.g., 200-23-9-6.2).	
2. Indicate the name of the street, road, avenue, etc., fronting the parcel	
3. Indicate the Hamlet or Village where the parcels are located, (e.g., Medford, Patchogue, Aquebogue, etc.)	
4. Indicate the area of the parcel in square feet	
5. Indicate the Groundwater Management Zone that the parcel is located in, such as Zone 1, 2, etc. (These zones can be obtained from the Department's Groundwater Management Zone Map.)	
6. Indicate the Town zoning category for the parcel, e.g., R-10, J2, etc	
7. Indicate if the parcel is in conformance with municipal zoning regulations (Yes or No). If no explain in comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Indicate if public water service is presently available for the parcel (Yes or No). If an extension of a water main is required for servicing the parcel, indicate the cost and distance required in the comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Indicate if public sewers are presently available for the parcel (Yes or No). If an extension is required to service the parcel, indicate the cost and distance required in the comment section	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Indicate the depth to groundwater below existing grade for the parcel (feet).	
11. Indicate if there are any designated wetlands or surface water located on the parcel (Yes or No). If yes submit a survey showing the extent of the wetlands or surface water on the property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Indicate if the parcel is vacant (Yes or No). If No, submit a survey showing all structures, sewage disposal systems, water supply facilities and indicate the sewage discharges (GPD) based on design flows.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Indicate the method of guaranteeing that the sending parcel will not be developed (sterilized): <input type="checkbox"/> Donation of the property to a governmental agency or environmental group. * <input type="checkbox"/> Combination of the sending parcel with an adjacent parcel. * <input type="checkbox"/> Other:  (*Attach a letter of acceptance from the entity accepting the property.)	
14. Comments or Explanations	
<b>FOR OFFICE USE ONLY</b>	
Recommended Lot or Discharge Credit	
Tax Maps Checked and Marked Remarks	

**SECTION III - INSTRUCTIONS FOR THE TRANSFER OF DEVELOPMENT RIGHTS DATA SHEET**

1. Complete the items in Sections I and II. Attach additional Sections (Pages) for each additional receiving or sending parcel.
2. Submit a recent survey of the parcels showing all improvements that presently exist.
3. Submit a copy of the appropriate Suffolk County Tax Map, depicting the sending parcel(s).
4. Submit a copy of the most recent deed for each parcel, indicating the present owner.
5. Submit an aerial photograph depicting the sending parcel(s) (recommended, not required).
6. Submit a "yield" map, as applicable, that indicates the number of lots that can be created from the parcel in conformance with the Sanitary Code and applicable Town Zoning Codes. (If a yield map is not submitted, the Department may establish the lot yield by a calculation method.)
7. Sign and date this form in Section IV.

**SECTION IV - CERTIFICATION**

I hereby certify this form has been completed by me and the information that I have supplied, including all the attachments, is true and accurate.

Signature of Preparer \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

**SECTION V – ADDITIONAL COMMENTS**