

**UTILIZATION
OF
SEVERABLE USE RIGHTS**

BONUS DEVELOPMENT RECEIVER SITE

Folio Number: ___ - ____ - ____ - ____

Legal Description:

BONUS USE REQUESTED

Folio Number: ___ - ____ - ____ - ____

Legal Description:

Number of Vested Severable Use Rights in Transferor Parcel: _____

Number of Severable Use Rights Transferred via this Instrument: _____

The undersigned (developer) warrants to Miami-Dade County, Florida, that he is the legal title holder to the above stated Severable Use Rights, that the same are free and clear unencumbered except as specifically noted, and if encumbered, the necessary joinders or releases are hereby being furnished; that he desires to use them in the aforementioned manner and agrees to their extinguishment from the transferor parcel; that he acquired them by deed which is recorded in the public records in ORB____PGE_____.

The undersigned realizes and understands that the bonus being granted is predicated on the warranties made in their affidavit and if the same prove false or inaccurate that permits issued may be canceled and voided and construction may be halted until the inadequacy is corrected.

**CERTIFICATE OF USAGE
AND
EXTINGUISHMENT**

I do hereby certify that the aforementioned Severable Use Rights have been used and credited to the applicant in the issuance of:

Building Permit _____ for the construction of _____.

Tentative Plat _____ for the construction of _____.

Waiver of Plat _____ for the construction of _____.

Density Increase _____ for the construction of _____.

Lot Coverage Increase _____ for the construction of _____.

The Clerk of the Circuit Court is hereby instructed to note the same upon the public records and to note the Extinguishment of the Severable Use Rights on the Transferor Parcel.

WITNESSES:

Sign

Department of Regulatory and Economic Resources

Print

Print

Sign

Print

Sworn to and Subscribed before me on this _____ day of _____, 20__

Notary Public

SEAL:

Commission Expires: _____

**SEVERABLE USE RIGHTS
OPINION OF TITLE**

TO: MIAMI-DADE COUNTY

With the understanding that this Opinion Title is furnished to Miami-Dade County, Florida, as inducement for acceptance of a Severable Use Right in the real property hereinafter described, it is hereby certified that I have examined a complete Abstract of Title covering the period from the beginning to the ____ day of _____, 20__ at the hour of _____, inclusive, of the following real property.

Basing my opinion on said Abstract, I am of the opinion that on the last mentioned date the Severable Use Right(s) in the above described real property was (were) vested in:

The fee simple title to the above described real property was vested in:

Subject to the following encumbrances, liens and other exceptions:

GENERAL EXCEPTIONS

SPECIAL EXCEPTIONS

Therefore, it is my opinion the Transfer of the Severable Use Rights to be valid and binding requires the following joinders:

NAME

INTEREST

SPECIAL EXCEPTED NUMBER

I, the undersigned, further certify that I am an Attorney-at-Law, duly admitted to practice in the State of Florida, and a member of good standing of the Florida Bar.

Respectfully submitted this ____ day of _____, 20__.

Name: _____

Address: _____

Florida Bar No. _____

SWORN TO AND SUBSCRIBED TO before me this ____ day of _____, 20__.

Notary Public

SEAL:

My Commission Expires: _____

**WARRANTY DEED
FOR
CONVEYANCE OF
SEVERABLE USE RIGHTS**

This indenture made this ____ day of _____, 20__ between _____ of the County of _____ in the State of _____, the Grantor and _____ of the County of _____ in the State of _____, the Grantee,

WITNESSETH:

The Grantor, for and in consideration of the sum of _____ Dollars (\$ _____), in hand paid by Grantee, the receipt of which is hereby acknowledged, has granted, bargained and sold to the Grantee, all heirs and assigns forever, the Severable Use Rights allocated under the Miami-Dade County Code, in the following described land to wit.

and the Grantor does hereby fully warrant the title to said rights, and avers that the same have not been previously used, demised or sold, and will defend the same against the lawful claims of all persons.

The use of the above described property is hereby restricted to non-residential uses permitted under the Code of Miami-Dade County.

IN WITNESS WHEREOF, Grantor has hereunto signed and executed on the date first above written.

Signed, executed, witnessed in the presence of: Grantor:

Sign

Sign

Print

Print

Sign

Print

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or produced _____ as identification.

Notary Public

SEAL:

My Commission Expires: _____

ACKNOWLEDGEMENT CORPORATION

Signed, witnessed, executed and acknowledged on this _____ day of _____, _____.

IN WITNESS WHEREOF,

_____ (Corporate name) has caused these presents to be signed in its name by its proper officials.

Witnesses:

Signature

Print Name

Signature

Print Name

Name of Corporation
Address:

By

(President, Vice-President or CEO*)

Print Name:

[*Note: All others require attachment of original corporate resolution of authorization]

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____ (Name) the _____ of _____ corporation, on (Title) _____ (Corporation Name) behalf of the corporation.

He/She is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid.

Signature

Print Name

Notary Public-State of _____

My Commission Expires: _____

**GENERAL PARTNERSHIP
WITH CORPORATE GENERAL PARTNER**

Signed, witnessed, executed and acknowledged on this _____ day of _____,
_____.

WITNESSES:

Signature
Partnership

Name of General

Print Name
General Partner

by _____
Name of Corporation as

Signature

by _____
(President, Vice-President

Print Name
or CEO*)

Print Name: _____
Address: _____

***[Note: All others require attachment of original corporate resolution of authorization]**

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____
(Name)

the _____ of _____ corporation,
(Title) (Name)

on behalf of the corporation which is the General Partner of the _____.
(Name of General Partnership)

He/She is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____,
_____, in the County and State aforesaid.

Notary Public, State of _____

Print Name

My Commission Expires:

HUSBAND AND WIFE

Signed, witnessed, executed and acknowledged on this _____ day of _____, _____.

Witnesses as to Husband:

Signature

Print Name

Signature

Print Name

Signature (Husband)

Print Name
Address:

Witnesses as to Wife:

Signature

Print Name

Signature

Print Name

Signature (Wife)

Print Name
Address:

NOTARY AS TO HUSBAND:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____, who is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid.

Notary Public-State of _____

My Commission Expires:

Print Name

NOTARY AS TO WIFE:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____, who is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid.

Notary Public-State of _____

Print Name

My Commission Expires:

INDIVIDUAL

Signed, witnessed, executed and acknowledged on this ____ day of _____, _____.

WITNESSES:

Signature

Individual Signature

Print Name

Print Name
Address:

Signature

Print Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____, who is personally known to me or has produced _____, as identification.

Witness my signature and official seal this ____ day of _____, _____, in the County and State aforesaid.

Notary Public-State of _____

Print Name

My Commission Expires: _____

LIMITED LIABILITY COMPANY

Signed, witnessed, executed and acknowledged on this ____ day of _____,
_____.

IN WITNESS WHEREOF, _____
(Corporate name) has caused these presents to be signed in its name by its proper officials.

Witnesses:

Signature

Print Name

Signature

Print Name

Name of LLC
Address:

By _____
(Managing Member)

Print Name: _____

[*Note: All others require attachment of original corporate resolution of authorization]

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____
(Name)
the _____ of _____ LLC, on behalf of the LLC.
(Title) (Name)

He/She is personally known to me or has produced _____,
as identification.

Witness my signature and official seal this _____ day of
_____, _____, in the County and State aforesaid.

Signature
Notary Public-State of _____

Print Name

My Commission Expires:

LIMITED PARTNERSHIP

Signed, witnessed, executed and acknowledged on this _____ day of

_____, _____.

WITNESSES:

Signature

Print Name

Signature

Print Name

Name of Limited Partnership

By: _____
General Partner

Print Name: _____

Address:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____
_____, as General Partner on behalf of _____
_____, a limited partnership.

He/She is personally known to me or has produced _____,
as identification.

Witness my signature and official seal this _____ day of
_____, _____, in the County and State aforesaid.

Signature
Notary Public-State of _____

Print Name

My Commission Expires: _____

PARTNERSHIP

Signed, witnessed, executed and acknowledged on this _____ day of _____, _____.

WITNESSES:

Signature

Name of Partnership

Print Name

Address

Signature

Print Name

By _____
Partner

Print Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____, a Partner, on behalf of _____, partnership.

He/she is personally known to me or has produced _____, as identification.

Witness my signature and official seal this _____ day of _____, _____, in the County and State aforesaid.

Signature
Notary Public-State of _____

Print Name

My Commission Expires:

TRUSTEE

Signed, witnessed, executed and acknowledged on this _____ day of

_____, _____.

WITNESSES:

Signature

Trustee Signature

Print Name

Print Name

Signature

Address:

Print Name

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by _____, Trustee, to me personally known or produced _____, as identification and who acknowledged the foregoing instrument for the purposes therein contained, and acknowledged that he was authorized under the trust to execute said instrument on behalf of the beneficiaries of the trust.

Witness my signature and official seal this _____ day of _____, _____ in the County and State aforesaid.

Signature
Notary Public-State of

My Commission Expires:

Print Name