



CITY OF TAMPA
PLANNING & DEVELOPMENT
ARCHITECTURAL REVIEW COMMISSION/BARRIO LATINO COMMISSION
HISTORIC PROPERTY AD VALOREM TAX APPLICATION

TO BE COMPLETED BY ARCHITECTURAL REVIEW & HISTORIC PRESERVATION STAFF

ARC/BLC# _____ Receipt No.: _____ Date Received _____ Verification Legal Description

Public Hearing Date: _____ Initials: _____

BUILDING/PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ DAYTIME PHONE#: _____

OWNER MAILING ADDRESS: _____ FAX#: _____

CITY, STATE: _____ Email: _____

ZIP CODE: _____ CELL#: _____

AUTHORIZED AGENT: _____ Email: _____

COMPANY: _____ FAX: _____

AGENT ADDRESS: _____ DAYTIME PHONE: _____

CITY, STATE: _____ CELL: _____

ZIPCODE: _____

ZONING DISTRICT: _____ TAX FOLIO NUMBER: _____

CURRENT USE: _____ PROPOSED USE: _____

LEGAL: BLOCK _____ LOTS _____ SUBDIVISION _____

Hyde Park ___ Seminole Heights ___ Tampa Heights ___ Ybor City ___ Local Landmark ___ National Listing ___

PLEASE CHECK ONE:

- PART I – PRE-REHABILITATION /SECTION 1
- PART I – PRE-REHABILITATION /SECTION 2
- PART II – POST REHABILITATION – SECTION 3

The Architectural Review Commission & Barrio Latino Commission will act on complete applications only. The owner and/or agent are required to attend the Public Hearing. All presentations are to be made as delineated in "Submission to the Architectural Review Commission/Barrio Latino Commission."

I hereby certify that the information on this application is true and complete.

SIGNED (Property Owner/Agent)
Sworn to and subscribed before me this
_____ day of _____, 20_____.

SIGNED (Property Owner/Agent)

Notary Public, State of Florida

My Commission Expires: _____

"In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk's office at least forty-eight (48) hours prior to the date of the meeting."



CITY OF TAMPA
PLANNING & DEVELOPMENT
ARCHITECTURAL REVIEW COMMISSION/BARRIO LATINO COMMISSION
AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

_____ who reside(s) at
(NAME OF ALL PROPERTY OWNERS)

_____ (ADDRESS: STREET, CITY, STATE, ZIP) _____ (PHONE NUMBER)

being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the following described property:
Address or General location _____

2. That this property constitutes the property for which a request for a: **(NATURE OR REQUEST)**

_____ is being applied to the Architectural Review Commission/Barrio Latino Commission, Tampa, Florida;

3. That the undersigned (has/have) appointed and (does/do) appoint: Name _____

Address _____ Phone _____
(_____) _____ as (his/their) agent(s) to execute any petitions or other documents
necessary to affect such petition;

4. That this affidavit has been executed to induce the City of Tampa, Florida to consider an act on the above described property;

5. That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.

SIGNED (Property Owner)

SIGNED (Property Owner)

SIGNED (Property Owner)

SIGNED (Property Owner)

Sworn To and Subscribed before me

My Commission Expires:

this _____ day of _____, 20 _____

NOTARY PUBLIC



**CITY OF TAMPA
PLANNING & DEVELOPMENT
HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION**

SECTION 1

Evaluation of Property Eligibility:

Your submission cannot be evaluated unless the application is complete and all required supporting materials are provided. In the event of any discrepancy between the application form and other supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence. Type or print clearly. If additional space is needed, attach additional sheets.

1. Property identification and location:

Property Identification Number or Folio Number (from tax records): _____
Attach legal description of property

Address of property: _____

City _____ Zip Code _____

- In a Local Historic District A locally designated Landmark
 In a National Register District

Name of historic district (if applicable) _____

2. Owner information:

Name of individual or organization owning the property _____

Mailing address _____

City _____ State _____ Zip code _____

Daytime Telephone Number (_____) _____

If the property is in a multiple ownership, attach a list of all owners with their mailing addresses.

3. Owner Attestation:

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above or that I am legally the authority in charge of the property. Further, by submission of this Application, I agree to allow access to the property by representatives of the City of Tampa Architectural Review & Historic Preservation Office and appropriate representatives of the local government from which the exemption is being requested, for the purpose of verification of information provided in this Application. I also understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the local governments granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.

 Name Signature Date

Complete the following if signing for an organization or multiple owners:

 Title Organization name

**HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION**

SECTION 1

Evaluation of Property Eligibility:

4. Description of Physical Appearance:

Date of Construction_____ Date(s) of Alteration(s)_____

Has building been moved? () Yes () No If so, when?_____

5. Statement of Significance:

6. Photographs and maps:

Attach photographs and maps to application.

**HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION**

SECTION 2

Description of Improvements:

Property Identification Number or Folio Number _____

Property Address _____

Feature 1

Feature _____

Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

Feature 2

Feature _____

Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

Feature 3

Feature _____

Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION

SECTION 2

Description of Improvements:

Feature 4

Feature _____
Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

Feature 5

Feature _____
Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

Feature 6

Feature _____
Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:

**HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION**

SECTION 2

Description of Improvements:

Feature 7

<p>Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
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Feature 8

<p>Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
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Feature 9

<p>Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
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**HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILITATION**

SECTION 2

Description of Improvements:

Feature 10

Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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Feature 11

Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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Feature 12

Feature _____ Approx. date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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**CITY OF TAMPA
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PART I – PRE-REHABILITATION**

SECTION 1 – ELIGIBILITY AND SECTION 2 – DESCRIPTION OF IMPROVEMENTS

Application Review:

Property Identification Number (PIN) or Folio Number: _____

Property Address: _____

The City of Tampa Architectural Review & Historic Preservation Office has reviewed the Pre-Rehabilitation Historic Ad Valorem Tax Exemption Application for the above named property and hereby:

- () Certifies that the above referenced property **qualifies as a historic property** consistent with the provisions of s. 196.1997 (11), F.S.
- () Certifies that the above referenced property **does not qualify as a historic property** consistent with the provisions of s. 196.1997 (11), F.S.
- () Determines that the proposed improvements to the above referenced property **are consistent** with the Secretary of Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, and the criteria set forth in Chapter 1A-38, F.A.C.
- () Determines that the proposed improvements to the above referenced property **are not consistent with the Secretary of Interior’s Standards** for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, and the criteria set forth in Chapter 1A-38, F.A.C. All work not consistent with the referenced Standards, Guidelines and criteria are identified in the Review Comments. *Recommendations to assist the applicant in bringing the proposed work into compliance with the referenced Standards, Guidelines and criteria are provided in the Review Comments.*

Review Comments: _____

Signature _____

Dennis Fernandez, Manager, Architectural Review & Historic Preservation

Date _____