

APPLICATION FOR CITY OF TAMPA LOCAL HISTORIC DESIGNATION

For HPC office use only: Local Landmark	Received By: Date:		
☐ Multiple Properties☐ Contributing Structu	Listing Historic District cal District		
Γ			
Date of Application:			
Name of Applicant/Pro	pperty Owner:		
	operty Owner?		
Mailing Address of Applicant/Property Owner:			
Phone Number:	City: State: Zip Code:		
Address of Property:			
	City: <u>Tampa</u> State: <u>Florida</u> Zip Code:		
	Pin #:		
Date of Construction:	Architect(s) if known:		
Reason for applying f	or designation:		
If historic photographs	, documents, or materials exist, please attach copies.		
Please attach (4" by 6") color photograph of the front facade of the property.			

Please read and sign below:				
By submission of the Application for City of Tampa Local Historic Designation you are requesting that your property is evaluated for designation as a Local Landmark. Based on this request, the property will be evaluated and may be determined eligible for Local Historic Designation. The Local Historic Designation of a property results in that property being subject to the requirements of Chapter 27, Article IX, Division 1, City of Tampa, Code of Ordinances. Buildings that are designated as a City of Tampa Local Landmark are required to receive a Certificate of Appropriateness from the Architectural Review Commission or it staff, as applicable, for exterior changes to the building and site, as more specifically as delineated in Section 27-213.				
The Application for City of Tampa Local Hi property in order to be considered complete Owner Signature				
Sworn to and Subscribed before me thisday of, 20 Notary Public		My Commission Expires		