CITY OF TAMPA DEVELOPMENT & GROWTH MANAGEMENT ARCHITECTURAL REVIEW COMMISSION/BARRIO LATINO COMMISSION <u>EXHIBIT A-1</u> <u>APPLICATION</u>

TO BE COMPLETED BY ARC	HITECTURAL REVIEW AND HISTORIC PRESERVATION STAFF
ARC#/BLC# RECEIPT NO	DATE RECEIVED
PUBLIC HEARING DATE HPDRC	C DATE (If Applicable) HPDRC TIME
BUILDING/PROPERTY ADDRESS:	
PROPERTY OWNER OF RECORD:	PHONE #:
OWNER MAILING ADDRESS:	E-MAIL:
CITY, STATE:	ZIP CODE:
AUTHORIZED AGENT:	WORK #:
COMPANY:	CELL#:
AGENT ADDRESS:	E-MAIL:
CITY, STATE:	ZIP CODE:
ZONING DISTRICT:	TAX FOLIO NUMBER:
CURRENT USE:	PROPOSED USE:
APPROXIMATE GROSS SQUARE FOOTAGE	(including parking garage, porches, and overhangs on all floors)
LEGAL: BLOCK LOTS	SUBDIVISION
Hyde Park Seminole Heights Tam	pa Heights Ybor CityLocal Landmark National Landmark
WORK PROPOSED:	
I hereby certify that the information on this app	lication is true and complete.
SIGNED (Property Owner)	SIGNED (Property Owner)
	I , by means of □ physical presence or □ online notarization, this by the above named Property Owner(s)/Agent(s). Such person(s)
	/an state driver license(s)/id card(s) as identification.
	Signature:
[AFFIX NOTARY PUBLIC SEAL]	Printed Name: Notary Public, State of Florida My commission expires: Serial No if any:

M	lay	20	22

		DATE:
ARCHITEC	CITY OF TAMPA DEVELOPMENT & GROWTH MANAG TURAL REVIEW COMMISSON/BARRIO I <u>EXHIBIT A-2</u> <u>BUILDING COMPONENTS AND MATE</u>	ATINO COMMISSION
FOUNDATION (indicate materials)	ROOF (indicate material) tile shingle metal built-up-roof soffit other	TYPE OF WORK addition new sign demolition exterior remodeling/ repairs new construction relocation roof repair/ replace
EXTERIOR WALL MATERIAL (indicate type & size) wood siding brick stucco shingles other	PORCH (indicate materials) columns/ supports railings ceilings ornamentation other	 site improvements new fence driveway sign variance other
TRIM (indicate type, size & material)	LANDSCAPE ELEMENTS (indicate material & size) planters fences retaining walls other	 DOORS (indicate material & size) panel french screen sliding glass other
WINDOWS (indicate material & size) casement double hung fixed pane glazing shutters	GARAGE DOORS (indicate material & size)	 SIGN (indicate material & size) wall ground pylon window encroachment
 awnings other 	FIRST FLOOR ELEVATION	STREET FURNITURE Describe:

who reside(s) at

CITY OF TAMPA DEVELOPMENT AND GROWTH MANAGEMENT ARCHITECTURAL REVIEW COMMISSON/BARRIO LATINO COMMISSION **EXHIBIT B AFFIDAVIT TO AUTHORIZE AGENT**

STATE OF FLORIDA - COUNTY OF HILLSBOROUG
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(NAME OF ALL PROPERTY OWNERS)

(ADDRESS: STREET, CITY, STATE, ZIP)

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

1. That (I /we) are the owner(s) and record title holder(s) of the following property:

2. That this property constitutes the property for which a request for proposed work: (NATURE OF REQUEST)

is being applied to the Architectural Review Commission/Barrio Latino Commission.

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

(Address) _____ (Phone) _____

as (his/her/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)

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this _____, 20____, by the above named Property Owner(s)/Agent(s). Such person(s) day of is/are \Box personally known to me or \Box produced a/an state driver license(s)/id card(s) as identification.

Signature:

[AFFIX NOTARY PUBLIC SEAL]

Printed Name: Notary Public, State of Florida My commission expires: ______ Serial No if any: _____

(PHONE NUMBER)