

CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
ARCHITECTURAL REVIEW COMMISSION
EXHIBIT E
GOOD NEIGHBOR NOTICE

PUBLIC HEARING by ARCHITECTURAL REVIEW COMMISSION

ARC _____

CERTIFICATE OF APPROPRIATENESS - Check appropriate request(s) and describe work proposed below

- Checkboxes for New Construction, Rehabilitation, Site Improvements, Landscaping (Commercial Only), Demolition, Relocation, and Other.

VARIANCE - Check appropriate request(s)

- Checkboxes for Building Separation, Front Yard Setback*, Rear Yard Setback*, Side Yard Setback*, Corner Yard Setback*, Structure Height Variance, Number of Parking Spaces, and Other.

* All reduced yards cannot have any architectural feature encroaching into the yard without showing such encroachment on the submitted plan.

DESCRIBE WORK PROPOSED: _____

PROPERTY OWNER/AUTHORIZED AGENT: _____

ADDRESS & LEGAL DESCRIPTION OF PROPERTY: _____

Please be advised that the ARCHITECTURAL REVIEW COMMISSION of the City of Tampa will hold a public hearing on (date) _____ at 5:30 PM, Old City Hall, 315 E. Kennedy Boulevard, City Council Chambers, 3rd Floor, Tampa, FL 33602, at which all parties in interest and citizens may appear and be heard as to any and all matters pertinent to the petition as described above.

Members of the public may submit written comments by mail to Architectural Review & Historic Preservation, 1400 N. Boulevard, Tampa, FL 33607, or by e-mail to historicpreservation@tampagov.net. All written comments must be received no later than 24 hours prior to the scheduled meeting in order to be distributed to the Commission members and to be included in the official meeting record.

Sincerely,

APPLICANT (Owner or Authorized Agent)

Date

In accordance with the Americans with Disabilities Act ("ADA") and Section 286.26, Florida Statutes, persons with disabilities needing a reasonable accommodation to participate in this public hearing or meeting should contact the City of Tampa's ADA Coordinator at least 48 hours prior to the proceeding.

**CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
ARCHITECTURAL REVIEW COMMISSION
EXHIBIT F
AFFIDAVIT OF COMPLIANCE ATTESTING TO NOTIFICATION**

(NAME OF ALL PROPERTY OWNERS), 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 is the property for which a request is being made in **ARC**_____.
3. That the required mailed notice was sent by **Certificate of Mailing** through the United States Post Office on **(date)**_____, not less than thirty (30) calendar days prior to the Architectural Review Commission Public Hearing, to **(a)** the property owner, if the applicant is not the property owner, and **(b)** each owner of real property located within two hundred fifty (250) feet of the subject property in all directions from the subject property line, including roads or streets, as listed in the most current ad valorem tax rolls certified by the Hillsborough County Property Appraiser; and **(c)** to all participating organizations registered in the neighborhood area in which the subject property is located, as set forth in City of Tampa Code of Ordinances Sec. 27-149(c).
4. That the required sign(s) (was/were) posted on or near the frontage of the subject property, adjacent to and visible from the street or public right of way, and not within a building or obstructed by any site feature, not less than thirty (30) calendar days and not more than sixty (60) calendar days prior to the Architectural Review Commission Public Hearing.
5. Attached and made part of this Affidavit are (a) a copy of the mailed Good Neighbor Notice letter; (b) the Certificate of Mailing; (c) the current certified ad valorem tax rolls, produced not more than ninety (90) calendar days prior to the date of submittal of this Affidavit, used for notice; (d) the list of participating organizations provided mailed notice, including the mailing address and the authorized representative; and (e) two (2) photographs of each posted sign: one that clearly shows the language on the posted sign and one that clearly shows the location where the sign is posted on the subject property.
6. That (I, we), the undersigned authority, hereby certify that the foregoing is true and correct.

APPLICANT (Owner or Authorized Agent)

APPLICANT (Owner or Authorized Agent)

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

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

[AFFIX NOTARY PUBLIC SEAL]

Notary Public, State of Florida

Signature: _____
Printed Name: _____
My commission expires: _____
Serial No. (if any): _____

This affidavit may be submitted electronically to the ARC Administrator.

Received & Approved by: _____ Date: _____