

CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT DEPARTMENT
ARCHITECTURAL REVIEW COMMISSION/BARRIO LATINO COMMISSION
HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART I – PRE-REHABILATION

This section to be completed by Architectural Review & Historic Preservation staff.

ARC/BLC# _____ Receipt No.: _____ Date Received: _____ Verification of Legal Description
 Public Hearing Date: _____ Initials: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER OF RECORD: _____ PHONE #: _____

OWNER MAILING ADDRESS: _____ E-MAIL: _____

CITY, STATE: _____ ZIP CODE: _____

AUTHORIZED AGENT: _____ WORK PHONE #: _____

COMPANY: _____ CELL PHONE #: _____

AGENT MAILING ADDRESS: _____ E-MAIL: _____

CITY, STATE: _____ ZIP CODE: _____

PROPERTY IDENTIFICATION NUMBER (PIN) OR FOLIO NUMBER: _____

LEGAL: BLOCK _____ LOTS _____ SUBDIVISION _____

CURRENT USE: _____ PROPOSED USE: _____

ZONING DISTRICT: _____

HISTORIC DESIGNATION

- Contributing to Local Historic District: Hyde Park Seminole Heights Tampa Heights Ybor City
- Local Historic Landmark

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)


SIGNED (Property Owner/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]

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



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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 /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 _____ 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]

Signature: _____

Printed Name: _____

Notary Public, State of Florida

My commission expires: _____ Serial No if any: _____



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PART I – PRE-REHABILATION

SECTION 1 – EVALUATION OF PROPERTY ELIGIBILITY

Instructions

Your application will not be accepted unless this form is complete and all required supporting materials are provided. In the event of any discrepancy between the application form and other supplementary material submitted (such as architectural plans, drawings, and specifications), the application form shall take precedence. Type or print clearly. Attach additional sheets if necessary.

1. Property identification and location:

Property Identification Number (PIN) or Folio Number: _____
(Attach a copy of the owner's deed to the property.)

Property Address: _____

City: _____ County: _____ Zip Code: _____

Contributing to the local _____ Historic District Local Historic Landmark

2. Owner information:

Name of individual(s) or organization owning the property: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

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 Division 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.

Print Name (Property Owner)	Signature	Date
Print Name (Property Owner)	Signature	Date

Complete the following if signing for an organization or multiple owners (see next page for additional owners) and attach documentation of authorization.

Title	Organization name



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SECTION 1 – EVALUATION OF PROPERTY ELIGIBILITY

Additional Owners

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

If there are additional owners, provide the indicated information on a separate sheet of paper.



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4. Description of Physical Appearance:

Date of Construction _____ Date(s) of Alteration(s) _____

Has building been moved? NO YES If so, when? _____

5. Statement of Significance:

6. Photographs and Maps:

Attach general photographs and a location map of the property.



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PART I – PRE-REHABILITATION

SECTION 2 – DESCRIPTION OF IMPROVEMENTS

Feature 1

<p>Feature _____ Approx. date of feature _____</p> <p>Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
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Feature 2

<p>Feature _____ Approx. date of feature _____</p> <p>Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
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Feature 3

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



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SECTION 2 – DESCRIPTION OF IMPROVEMENTS

Feature 7

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 8

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 9

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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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:

Feature 11

Feature _____
 Approx. date of feature _____

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Describe work and impact on existing feature:


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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PART I – PRE-REHABILITATION

SECTION 1 – EVALUATION OF PROPERTY 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 Division has reviewed Part I, Sections 1 and 2 of the Historic Property 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
Architectural Review & Historic Preservation Manager

Date: _____