

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

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

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Printed Name: \_\_\_\_\_

Notary Public, State of Florida

My commission expires: \_\_\_\_\_ Serial No if any: \_\_\_\_\_





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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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**SECTION 1 – EVALUATION OF PROPERTY ELIGIBILITY**

**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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**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:

**Feature 8**

Feature \_\_\_\_\_

Approx. date of feature \_\_\_\_\_

Describe existing feature and its condition:

Photo no. \_\_\_\_\_ Drawing no. \_\_\_\_\_

Describe work and impact on existing feature:

**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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**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: \_\_\_\_\_