



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

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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SECTION 3 – REQUEST FOR REVIEW OF COMPLETED WORK

Instructions

Upon completion of the rehabilitation and improvements, call (813)274-3100, Option 3, to arrange the submittal of the Part II application to the Architectural Review & Historic Preservation office. Photographs should show the same angles and views as the photographs included in the Part I – Pre-Rehabilitation application. The final recommendation of the ARC/BLC, with respect to the requested Historic Property Ad Valorem Tax Exemption, is made on the basis of the photographs and descriptions in Part II.

1. Property identification and location:

Property Identification Number (PIN) or Folio Number: _____
 Property Address: _____
 City: _____ County: _____ Zip Code: _____

2. Owner information:

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

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

3. Data on restoration, rehabilitation, or renovation project:

Project starting date: _____ Project completion date: _____
 Estimated cost of entire project: \$ _____
 Estimated costs attributed solely to work on historic buildings or archaeological site: \$ _____

4. Owner Attestation: I hereby attest that the information provided is, to the best of my knowledge, correct and is consistent with the work described in the Application. I also attest that I am the owner of 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
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Print Name (Property Owner)	Signature	Date
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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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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: _____

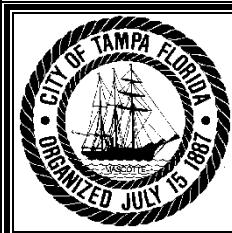
City: _____ State: _____ Zip Code: _____ Phone #: _____

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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Application Review

Property Identification Number (PIN) or Folio Number: _____

Property Address: _____

The City of Tampa Architectural Review & Historic Preservation Division has reviewed Part II, Section 3 of the Historic Property Ad Valorem Tax Exemption Application for the above-named property and hereby:

- () Determines that the completed improvements to the property **are consistent with the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings**, and other criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends approval** of the requested historic preservation tax exemption.
- () Determines that the completed improvements to the above referenced property **are not consistent with the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings**, and other criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends denial** of the requested historic preservation tax exemption for the reasons stated in the Review Comments below.

Review Comments:

Signature
Dennis Fernandez
Architectural Review & Historic Preservation Manager

Date: _____