



HISTORIC PRESERVATION COMMISSION
 1400 N. BOULEVARD
 TAMPA, FLORIDA 33607
 PHONE (813) 274-3100, OPTION 3

Application for City of Tampa Local Historic Designation

This space for HPC office use only <input checked="" type="checkbox"/> Local Landmark <input type="checkbox"/> Multiple Properties Listing: _____ <input type="checkbox"/> Contributing Structure to the <input type="checkbox"/> Local and/or <input type="checkbox"/> National _____ Historic District <input type="checkbox"/> Currently in the Local Historic District <input type="checkbox"/> Currently in the National Historic District	Case No.: HPC <u>24-0000001</u> Received by: <u>Heather Bonds</u> Date: <u>10.3.2023</u>
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1. Applicant/Owner Information

Date of Application: 08-18-2023

Name of Applicant: City of Tampa

Mailing Address: 306 E. Jackson Street City: Tampa State: FL Zip Code: 33602

Phone Number: 813-274-3100 E-Mail Address: HistoricPreservation@tampagov.net

Is the Applicant the Property Owner? Yes No

***If the applicant is not the owner, an Affidavit to Authorize Agent is required.**

Name of Property Owner: _____
 (if different from applicant)

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

Phone Number: _____ E-Mail Address: _____

***If the property is under multiple ownership, attach additional sheets as necessary.**

2. Property Information

Address: 900 N Ashley Drive City: Tampa State: Florida Zip Code: 33602

Folio #: 196305.2364 Pin #: A-24-29-18-D02-000000-00002.0

Lot(s): 2 Block: _____ Subdivision: AER IN THE ARTS DISTRICT

Date of Construction: c.1968 Architect(s), if known: _____

3. Reason for Applying for Designation

(attach additional sheets as necessary)

The City has received a request and several letters of support for the Landmark designation of the John F. Germany Public Library and Auditorium, outlining its architectural significance and role in the growth and development of Tampa.

4. Exhibits

Required attachments:

- Current deed to the property, indicating ownership and legal description
- Proof of legal authority to sign for ownership (if property has multiple owners or is owned by an organization)
- Recent color photographs of all elevations of the structures on the property and all site elements
- Location map

Additional attachments: If available, please attach the property survey, historic photographs, drawings, plans, or other documents.

5. Please read and sign below:

By submission of this Application for City of Tampa Local Historic Designation, you are requesting the evaluation of your property’s historic significance in accordance with the criteria set forth in Section 27-257, City of Tampa Code of Ordinances. Based on this request, the property may be determined eligible for local historic designation as a Landmark or as part of a Multiple Property Designation.

Historic properties designated by the City of Tampa as a Landmark or as part of a Multiple Property Designation are subject to the requirements of Chapter 27, Article II, Division 4, City of Tampa Code of Ordinances, and are required to receive a Certificate of Appropriateness from the Architectural Review Commission or the Barrio Latino Commission, as applicable, for exterior changes to the building and site, as more specifically as delineated in Sections 27-95 and 27-113, City of Tampa Code of Ordinances.

The Application for City of Tampa Local Historic Designation must be signed by the all owners (or their authorized agents) of the real property included in the request in order to be considered complete. Attach additional sheets if necessary.

Signature (Owner/Authorized Agent)	Printed Name	Date
Signature (Owner/Authorized Agent)	Printed Name	Date

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: _____