

Application for City of Tampa Local Historic Designation

Thi	s space for HPC office use only		Case	e No.: HPC	
				eived by:	
🖵 Local Landmark				:	
	Multiple Properties Listing:				
	Contributing Structure to the 🖵 Local and/or 🖵 Na Currently in the Local Historic District 🛛 🖵 Currently			Historic District	
1.	1. Applicant/Owner Information Date of Application:				
	Name of Applicant:				
	Mailing Address:	City:	State:	Zip Code:	
	Phone Number: E-Mail Addr	ess:			
	Is the Applicant the Property Owner?	s 🗖 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 Addr	ess:			
	*If the property is under multiple ownership, att	ach additional sheets as	s necessary.		
2.	Property Information				
	Address:	City: <u>Tampa</u>	State: Flor	ida Zip Code:	
	Folio #: Pin #:				
	Lot(s): Block:	Subdivision:			
	Date of Construction: Architect(s), if	known:			
3.	Reason for Applying for Designation				
	(attach additional sheets as necessary)				

4. Exhibits

Required attachments:

- $\hfill\square$ 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 \Box physical presence or \Box online notarization, this _____day of _____, 20_____, by the above named Property Owner(s)/Agent(s). Such person(s) is/are \Box personally known to me or \Box produced a/an _____ state driver license(s)/ID card(s) as identification.

[AFFIX NOTARY	PUBLIC	SEAL]
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Signature:	
Printed Name:	
Notary Public, State of Florida	
My commission expires:	Serial No if any:



Affidavit to Authorize Agent

who reside(s) at

(PHONE NUMBER)

(NAME OF ALL PROPERTY OWNERS)

(ADDRESS: STREET, CITY, STATE, ZIP)

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 Historic Preservation 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 \Box physical presence or \Box online notarization, this _____day of _____, 20_____, by the above named Property Owner(s)/Agent(s). Such person(s) is/are \Box personally known to me or \Box produced a/an _____ state driver license(s)/ID card(s) as identification.

[AFFIX	NOTARY	PUBLIC	SEAL]
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Signature: _____ Printed Name: _____ Notary Public, State of Florida My commission expires: _____Serial No if any: