

DEVELOPMENT & GROWTH MANAGEMENT ARCHITECTURAL REVIEW COMMISSION EXHIBIT E - GOOD NEIGHBOR NOTICE



PU	BLIC HEARING by ARCHIT	ECTURAL R		IMISSION	ARC
CEF	RTIFICATE OF APPROPRIATEN	NESS - Check	appropriate	request(s) and describe work	proposed below
	New Construction/Addition Rehabilitation		Site Improve		Demolition
	Relocation From:		Lanascaping	To:	
REC	COMMENDATION				
	(Specify Type)				
VA	RIANCE - Check appropriate r	request(s)			
	Building Separation	from	feet to	_feet (eave to eave)	
	Front Yard Setback*	from	feet to	_feet with an encroachment of	feet for the eaves/gutters
	Rear Yard Setback*	from	feet to	_feet with an encroachment of	feet for the eaves/gutters
	Side Yard Setback*	from	feet to	_feet with an encroachment of	feet for the eaves/gutters
	Side Yard Setback*	from	feet to	_feet with an encroachment of	feet for the eaves/gutters
	Other:	from	feet to	_ feet with an encroachment of _	feet for the eaves/gutters
	Structure Height Variance	from	feet to	feet	
	Number of Parking Spaces	from	to		
DES	SCRIBE WORK PROPOSED:				

PROPERTY OWNER/AUTHORIZED AGENT:

ADDRESS & LEGAL DESCRIPTION OF PROPERTY:

Please be advise	d that the ARCHITECTURAL REVIEW COMMISSION	of the City of Tampa will hold a public hearing on
(date)	at 5:30 PM, Old City Hall, 315 E. Kennedy	Boulevard, City Council Chambers, 3rd Floor, Tampa, FL
33602, at which all pa	arties in interest and citizens may appear and be he	ard as to any and all matters pertinent to the petition as
described above. You	may view a complete copy of the application, inclu	iding, where applicable, the proposed plans, online at
https://aca.tampagov	v <mark>.net</mark> . Please contact me at (phone)	should you have any questions concerning this
petition. As public he	arings are occasionally canceled or postponed, conf	firmation of the time and date of the public hearing can be
obtained by calling m	e prior to the public hearing date.	
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If you would like to comment on this request, please feel free to contact the ARC at <u>historicpreservation@tampagov.net</u>. Please include the application number in your email. All written comments must be received no later than 24 hours prior to the scheduled Hearing.

Applicants, Petitioners, Respondents, Parties, Violators, and those receiving mailed notice who require an interpreter to participate in this public hearing or meeting should go to the following City webpage to request an interpreter:

https://www.tampagov.net/interpreter-service

Los Solicitantes, los Peticionarios, los Enquestados, las Partes, los Infractores y los que reciben un aviso por correo que requieren un intérprete para participar en esta audiencia o reunión pública deben ir a la siguiente página web de la Ciudad para solicitar un intérprete: <u>https://www.tampagov.net/interpreter-service</u>

APPLICANT (Owner or Authorized Agent)

Date

APPLICANT ADDRESS

In accordance with the Americans with Disabilities Act ("ADA") and Section 286.26, Florida Statutes, persons with disabilities needing a reasonable accommodation to participate in this public hearing or meeting should contact the City of Tampa's ADA Coordinator at least 48 hours prior to the proceeding. The ADA Coordinator may be contacted via phone at 813-274-3964, email at <u>TampaADA@tampagov.net</u>, or by submitting an ADA - Accommodations Request form available online at https://tampagov.net/ADARequest.

CITY OF TAMPA DEVELOPMENT & GROWTH MANAGEMENT ARCHITECTURAL REVIEW COMMISSION <u>EXHIBIT F</u> AFFIDAVIT OF COMPLIANCE ATTESTING TO NOTIFICATION

(NAME OF ALL PROPERTY OWNERS)

being first duly sworn, depose(s) and say(s):

- 1. That (I am/we are) the owner(s) and record title holder(s) of the following described property: (ADDRESS OR GENERAL LOCATION)
- 2. That this property is the property for which a request is being made in ARC_____
- 3. That the required mailed notice was sent by Certificate of Mailing through the United States Post Office on (date)______, not less than thirty (30) calendar days prior to the Architectural Review Commission Public Hearing, to (a) the property owner, if the applicant is not the property owner, and (b)each owner of real property located within three hundred (300) feet of the subject property in all directions from the subject property line, including roads or streets, as listed in the most current ad valorem tax rolls certified by the Hillsborough County Property Appraiser; and (c) to all participating organizations registered in the neighborhood area in which the subject property is located, as set forth in City of Tampa Code of Ordinances Sec. 27-149(c).
- 4. That the required sign(s) (was/were) posted on or near the frontage of the subject property, adjacent to and visible from the street or public right of way, and not within a building or obstructed by any site feature, not less than thirty (30) calendar days and not more than sixty (60) calendar days prior to the Architectural Review Commission Public Hearing.
- 5. Attached and made part of this Affidavit are (a) a copy of the mailed Good Neighbor Notice letter; (b) the Certificate of Mailing; (c) the current certified ad valorem tax rolls, produced not more than ninety (90) calendar days prior to the date of submittal of this Affidavit, used for notice; (d) the list of participating organizations provided mailed notice, including the mailing address and the authorized representative; and (e) two (2) photographs of each posted sign: one that clearly shows the language on the posted sign and one that clearly shows the location where the sign is posted on the subject property.
- 6. That (I, we), the undersigned authority, hereby certify that the foregoing is true and correct.

APPLICANT (Owner or Authorized Agent)

APPLICANT (Owner or Authorized Agent)

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.

	Signature:	
[AFFIX NOTARY PUBLIC SEAL]	Printed Name: Notary Public, State of Florida	
	My commission expires:	Serial No. (if any):
This affidavit may be submitted electronically to	the ARC Administrator.	

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