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

PUBLIC HEARING by ARCHITECTURAL REVIEW COMMISSION **ARC**_____

CERTIFICATE OF APPROPRIATENESS - Check appropriate request(s) and describe work proposed below

☐ New Construction/Addition ☐ Site Improvements ☐ Demolition
☐ Rehabilitation ☐ Landscaping (Commercial Only)
☐ Relocation From:_____ To:_____
☐ Other: _____

RECOMMENDATION

☐ (Specify Type)_____

VARIANCE - Check appropriate 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 _____

DESCRIBE WORK PROPOSED:_____

_____

PROPERTY OWNER/AUTHORIZED AGENT:_____

_____

ADDRESS & LEGAL DESCRIPTION OF PROPERTY:_____

_____

Please be advised 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 parties in interest and citizens may appear and be heard as to any and all matters pertinent to the petition as described above. You may view a complete copy of the application, including, where applicable, the proposed plans, online at https://aca.tampagov.net. Please contact me at **(phone)** _____ should you have any questions concerning this petition. As public hearings are occasionally canceled or postponed, confirmation of the time and date of the public hearing can be obtained by calling me prior to the public hearing date.

If you would like to comment on this request, please feel free to contact the ARC at historicpreservation@tampagov.net. 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: https://www.tampagov.net/interpreter-service.

_____ _____

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 TampaADA@tampagov.net, or by submitting an ADA - Accommodations Request form available online at https://tampagov.net/ADARequest.

CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
ARCHITECTURAL REVIEW COMMISSION
EXHIBIT F
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 □ 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.

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.

Received & Approved by:_____ Date: _____