CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
HISTORIC PRESERVATION COMMISSION

APPLICATION FOR CITY OF TAMPA LOCAL HISTORIC DESIGNATION

This space for HPC office use only

Case No.: HPC _____
Received by: _____
Date: _____

❑ Local Landmark
❑ Multiple Properties Listing: _____
❑ Contributing Structure to the ❑ Local and/or ❑ National _____ Historic District
❑ Currently in the Local Historic District ❑ Currently in the National Historic District

1. Applicant/Owner Information

Date of Application: _____

Name of Applicant: _____

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

Phone Number: _____ E-Mail Address: _____

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: _____ City: Tampa State: Florida 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:

- ☐ 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: _____

CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
HISTORIC PRESERVATION COMMISSION

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 **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 □ 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: