

CITY OF TAMPA  
GROWTH MANAGEMENT & DEVELOPMENT SERVICES  
ARCHITECTURAL REVIEW COMMISSION  
EXHIBIT A-1

TO BE COMPLETED BY HISTORIC PRESERVATION & URBAN DESIGN STAFF

ARC# \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date Received \_\_\_\_\_ Verification Legal Description   
Public Hearing Date \_\_\_\_\_ HPDRC Date \_\_\_\_\_ HPDRC Time \_\_\_\_\_ Initials: \_\_\_\_\_

BUILDING/PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER OF RECORD: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ Email: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PAGER/CELL: \_\_\_\_\_

AUTHORIZED AGENT\*: \_\_\_\_\_ Email: \_\_\_\_\_

COMPANY: \_\_\_\_\_ FAX: \_\_\_\_\_

AGENT ADDRESS: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ PAGER/CELL: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ TAX FOLIO NUMBER: \_\_\_\_\_

CURRENT USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

APPROXIMATE: Gross Square Footage \_\_\_\_\_ (including parking garage, porches, and overhangs on all floors)

LEGAL: BLOCK \_\_\_\_\_ LOTS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

Hyde Park \_\_\_ Seminole Heights \_\_\_ Tampa Heights \_\_\_ Local Landmark \_\_\_ National Landmark \_\_\_

WORK PROPOSED: \_\_\_\_\_

VARIANCES/ADMINISTRATIVE APPEALS\*\*: \_\_\_\_\_

The Architectural Review Commission will act on complete applications only. The owner and/or agent are required to attend both the Historic Preservation Development Committee Meeting (HPDRC) and the Public Hearing. All presentations are to be made as delineated in "Submission to the Architectural Review Commission."

I hereby certify that the information on this application is true and complete.

\_\_\_\_\_  
SIGNED (Property Owner/Agent)  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNED (Property Owner/Agent)  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

*"In accordance with the Americans with Disabilities Act and Section 286.26, Florida Statutes, persons with disabilities needing special accommodations to participate in this meeting should contact the City Clerk's office at least forty-eight (48) hours prior to the date of the meeting."*

DATE: \_\_\_\_\_

**CITY OF TAMPA  
GROWTH MANAGEMENT & DEVELOPMENT SERVICES  
ARCHITECTURAL REVIEW COMMISSION  
EXHIBIT A-2  
BUILDING COMPONENTS AND MATERIAL LIST**

<p><b>FOUNDATION</b> (indicate materials)</p> <p><input type="checkbox"/> pier _____</p> <p><input type="checkbox"/> continuous _____</p> <p><input type="checkbox"/> slab on grade</p> <p><input type="checkbox"/> other _____</p> <p>_____</p> <p><b>EXTERIOR WALL MATERIAL</b> (indicate type &amp; size)</p> <p><input type="checkbox"/> wood siding</p> <p><input type="checkbox"/> brick</p> <p><input type="checkbox"/> stucco _____</p> <p><input type="checkbox"/> shingles</p> <p><input type="checkbox"/> other _____</p> <p>_____</p> <p><b>TRIM</b>(indicate type, size &amp; material)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>WINDOWS</b>(indicate type &amp; size)</p> <p><input type="checkbox"/> casement</p> <p><input type="checkbox"/> double hung</p> <p><input type="checkbox"/> fixed pane</p> <p><input type="checkbox"/> glazing _____</p> <p><input type="checkbox"/> shutters</p> <p><input type="checkbox"/> awnings (indicate materials)</p> <p>_____</p> <p>_____</p>	<p><b>ROOF</b>(indicate type &amp; material)</p> <p><input type="checkbox"/> tile</p> <p><input type="checkbox"/> shingle</p> <p><input type="checkbox"/> metal</p> <p><input type="checkbox"/> built-up-roof</p> <p><input type="checkbox"/> soffit</p> <p><input type="checkbox"/> other _____</p> <p>_____</p> <p><b>PORCH</b>(indicate materials)</p> <p><input type="checkbox"/> columns/ supports</p> <p><input type="checkbox"/> railings</p> <p><input type="checkbox"/> ceilings</p> <p><input type="checkbox"/> ornamentation</p> <p><input type="checkbox"/> other _____</p> <p><b>LANDSCAPE ELEMENTS</b> (indicate materials)</p> <p><input type="checkbox"/> planters</p> <p><input type="checkbox"/> fences</p> <p><input type="checkbox"/> retaining walls</p> <p><input type="checkbox"/> other _____</p> <p><b>FIRST FLOOR ELEVATION</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>GARAGE DOORS</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>TYPE OF WORK</b></p> <p><input type="checkbox"/> addition</p> <p><input type="checkbox"/> new sign</p> <p><input type="checkbox"/> demolition</p> <p><input type="checkbox"/> exterior remodeling/ repairs</p> <p><input type="checkbox"/> new construction</p> <p><input type="checkbox"/> relocation</p> <p><input type="checkbox"/> roof repair/ replace</p> <p><input type="checkbox"/> site improvements</p> <p><input type="checkbox"/> new fence</p> <p><input type="checkbox"/> driveway</p> <p><input type="checkbox"/> sign</p> <p><input type="checkbox"/> variance</p> <p><input type="checkbox"/> other _____</p> <p><b>DOORS</b>(indicate type &amp; size)</p> <p>Wood:</p> <p><input type="checkbox"/> panel</p> <p><input type="checkbox"/> french</p> <p><input type="checkbox"/> screen</p> <p><input type="checkbox"/> sliding glass</p> <p><input type="checkbox"/> other _____</p> <p><b>SIGN</b></p> <p><input type="checkbox"/> wall</p> <p><input type="checkbox"/> ground</p> <p><input type="checkbox"/> pylon</p> <p><input type="checkbox"/> window</p> <p><input type="checkbox"/> encroachment</p> <p><b>STREET FURNITURE</b> Describe _____</p> <p>_____</p> <p>_____</p>
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The aforementioned represents the building components and materials being proposed for ARC \_\_\_\_\_.  
Any changes will be approved by the Architectural Review Commission .

\_\_\_\_\_  
Owner or authorized agent

CITY OF TAMPA  
GROWTH MANAGEMENT & DEVELOPMENT SERVICES  
ARCHITECTURAL REVIEW COMMISSON  
EXHIBIT B

AFFIDAVIT TO AUTHORIZE AGENT

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

\_\_\_\_\_ who reside(s) at  
(NAME OF ALL PROPERTY OWNERS)

\_\_\_\_\_ (PHONE  
(ADDRESS: STREET, CITY, STATE, ZIP NUMBER)

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 constitutes the property for which a request for a : (NATURE OR REQUEST)  
\_\_\_\_\_  
\_\_\_\_\_ is being applied to the Architectural Review Commission, Tampa, Florida;

3. That the undersigned (has/have) appointed and (does/do) appoint: Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
as (his/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)

Sworn To and Subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC