

CITY OF TAMPA
GROWTH MANAGEMENT & DEVELOPMENT SERVICES
Ybor City Historic District
EXHIBIT A-1

TO BE COMPLETED BY HISTORIC PRESERVATION & URBAN DESIGN STAFF

BLC# _____ Public Hearing Date _____ Receipt No. _____ Date Received _____

Verification Legal Description Date: _____ Initials: _____ Property Ownership Date: _____ Initials: _____

BUILDING/PROPERTY ADDRESS: _____

PROPERTY OWNER OF RECORD: _____ **DAYTIME PHONE:** _____

CONTACT PERSON: _____ **FAX:** _____

ADDRESS: _____ **Email:** _____

CITY, STATE: _____ **PAGER/CELL:** _____

ZIPCODE: _____

AUTHORIZED AGENT*: _____ **Email:** _____

COMPANY: _____ **FAX:** _____

ADDRESS: _____ **DAYTIME PHONE:** _____

CITY, STATE: _____ **PAGER/CELL:** _____

ZIPCODE: _____

ZONING DISTRICT: _____ **TAX FOLIO NUMBER:** _____

CURRENT USE: _____ **PROPOSED USE:** _____

(# AND TYPE OF BUILDINGS)

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

LEGAL: BLOCK _____ **LOTS** _____ **SUBDIVISION** _____

WORK PROPOSED: _____

VARIANCES/ADMINISTRATIVE APPEALS:** _____

The Barrio Latino Commission will act on complete applications only. The owner and/or agent are required to attend both the Design Review Committee Meeting and the Public Hearing. All presentations are to be made as delineated in "Submission to the Barrio Latino 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

*Designation of Authorized Agent requires completion of Exhibit B, Affidavit to Authorize Agent.

** PLEASE NOTE: Reducing setbacks to the property lines could impact the type of construction required for compliance with Building & Fire Codes. For more information, call the Construction Services Division at 274-3100.

"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."

**CITY OF TAMPA
GROWTH MANAGEMENT & DEVELOPMENT SERVICES
BARRIO LATINO COMMISSION
EXHIBIT A-2**

BUILDING COMPONENTS AND MATERIAL LIST

<p>FOUNDATION (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>EXTERIOR WALL MATERIAL (indicate type & 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>TRIM(indicate type, size & material)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>WINDOWS(indicate type & 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>ROOF(indicate type & 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>PORCH(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>LANDSCAPE ELEMENTS (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>FIRST FLOOR ELEVATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>GARAGE DOORS</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>TYPE OF WORK</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>DOORS(indicate type & 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>SIGN</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>STREET FURNITURE Describe _____</p> <p>_____</p> <p>_____</p>
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The aforementioned represents the building components and materials being proposed for BLC _____.
Any changes will be approved by the Barrio Latino Commission .

Owner or authorized agent

Date: _____

**CITY OF TAMPA
GROWTH MANAGEMENT & DEVELOPMENT SERVICES
BARRIO LATINO COMMISSION
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 Barrio Latino 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