

CITY OF TAMPA  
PLANNING & DEVELOPMENT  
ARCHITECTURAL REVIEW COMMISSION

TO BE COMPLETED BY ARCHITECTURAL REVIEW & HISTORIC PRESERVATION 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:** \_\_\_\_\_  
**ZIPCODE:** \_\_\_\_\_

**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 Review 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: \_\_\_\_\_  
DATE: \_\_\_\_\_

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  
PLANNING & DEVELOPMENT  
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>EXTERIOR WALL MATERIAL (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></p> <p>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  
PLANNING & DEVELOPMENT  
ARCHITECTURAL REVIEW COMMISSION  
EXHIBIT B  
AFFIDAVIT TO AUTHORIZE AGENT**

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH

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

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

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**

**CITY OF TAMPA  
PLANNING & DEVELOPMENT  
ARCHITECTURAL REVIEW COMMISSION  
EXHIBIT C1  
STATEMENT OF VARIANCE HARDSHIP**

\_\_\_\_\_  
(NAME OF ALL PROPERTY OWNERS), depose(s) and say(s):

**A.** That (I am/we are) the owner(s) or authorized agent of the following described property:  
ADDRESS OR GENERAL  
LOCATION \_\_\_\_\_  
\_\_\_\_\_

**B.** That this property constitutes the property for which a variance is requested according to Petition Number:  
ARC \_\_\_\_\_;

**C.** The following information is provided to establish that the requested variance meets the hardship criteria stated in Chapter 27, Section 27-114(d) of the City of Tampa Code of Ordinances.

(1) The alleged hardships or practical difficulties are unique and singular with respect to the property, or with respect to a structure or building thereon, and are not those suffered in common with other properties, structures, or buildings similarly located.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

(2) The hardship or practical difficulty does not result from the actions of the applicant. A self-created hardship or practical difficulty shall not justify a variance.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

(3) The variance, if granted, will not substantially interfere with or injure the health, safety, or welfare of others whose property would be affected by allowance of the variance.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

(4) The variance is in harmony with, and serves the general intent and purpose of, this chapter and the adopted Tampa Comprehensive Plan.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

(5) Allowing the variance will result in substantial justice being done, considering both the public benefits intended to be secured by this chapter and the individual hardships or practical difficulties that will be suffered due to a failure of the board to grant a variance.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

(6) The variance, if granted, will allow development that is consistent with the design standards and compatible with the historic pattern of development within the historic district, historic conservation overlay district, multiple property designation, or the locally designated landmark or landmark site in which the subject property is located.

**Response:** \_\_\_\_\_  
\_\_\_\_\_

**D.** That this document is attached to and made a part of the variance request.

**E.** That (I, we) the undersigned authority hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
PETITIONER (Owner or Authorized Agent--Circle One)

\_\_\_\_\_  
Date

CITY OF TAMPA
PLANNING & DEVELOPMENT
ARCHITECTURAL REVIEW COMMISSION
EXHIBIT E
GOOD NEIGHBOR NOTICE FOR ARC VARIANCE

ARC \_\_\_\_\_

Date \_\_\_\_\_

Public Hearing by Architectural Review Commission

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
Corner Yard Setback\* From \_\_\_ feet to \_\_\_ feet with an encroachment of \_\_\_ feet for the eaves/gutters
Fireplace From \_\_\_ feet to \_\_\_ feet
Other From \_\_\_ feet to \_\_\_ feet
Structure Height Variance From \_\_\_ feet to \_\_\_ feet
Fence Height Variance From \_\_\_ feet to \_\_\_ feet
Number of Parking Spaces From \_\_\_ to \_\_\_
Sign From \_\_\_ feet to \_\_\_ feet
Tree/Wetlands
Administrative Appeal Section \_\_\_\_\_ (the public may attend, but no public input is permitted)
Other

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

PROPERTY OWNER/AUTHORIZED AGENT: \_\_\_\_\_

ADDRESS & LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

\* All yards which have been reduced cannot have any architectural feature encroaching into the yard with out showing such encroachment on the submitted plan. Architectural features include, but are not limited to, eaves, gutters, fireplaces and bay windows.

Dear Property Owner:

Please be advised that the Architectural Review Commission of the City of Tampa will hold a public hearing on (date) \_\_\_\_\_, at 6:00 P.M. at 315 E. Kennedy Blvd., 3rd Floor, City Council Chambers, Tampa Florida, at which public hearing all parties in interest and citizens may appear and be heard as to any and all matters pertinent to the petition as described above. Please contact me at \_\_\_\_\_(phone) should you have any questions concerning this petition.

As public hearings are occasionally cancelled or postponed, confirmation of the time and date of the public hearing can be obtained by calling the petitioner four (4) days before the public hearing date.

Sincerely,

PETITIONER (Owner or Authorized Agent - Circle one)

"Any person who decides to appeal the decision of City Council with respect to this matter will need a record of the proceedings, and for such purpose, may need to hire a court reporter to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based."

"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  
PLANNING & DEVELOPMENT  
ARCHITECTURAL REVIEW COMMISSION  
EXHIBIT F**

**AFFIDAVIT 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 variance/administrative appeal request is being made for  
ARC \_\_\_\_\_.
- 3.a. That a copy of the notice was sent by **Certificate of Mailing** on \_\_\_\_\_ (date) to the property owners  
within 250 feet of the subject property (including streets and street right-of-ways), Registered Home Owner  
Associations, and a copy of the attached letter has been made part of this affidavit. The "Certificate of Mailing"  
receipts have been postmarked by the Post Office and turned in to the Historic Preservation office.
- b. That the "Certificate of Mail" for the indicated notices are attached and made a part of this affidavit.
- c. That the sign provided to me by the Architectural Review & Historic Preservation Office was posted in a conspicuous  
place near the front of the property a minimum of thirty (30) days prior to the ARC Public Hearing. Attached and  
made a part of this Affidavit are the two photographs. One depicting the location and its proximity to the street  
frontage, one showing the visible language on the notification sign.
4. That (I, we) the undersigned authority, hereby certify that the foregoing is true and correct.

\_\_\_\_\_  
PETITIONER (Owner or Authorized Agent  
- circle one)

\_\_\_\_\_  
PETITIONER (Owner or Authorized Agent  
- circle one)

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

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

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

Received & Approved By: _____	Date: _____
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