



CITY OF TAMPA
PLANNING & DEVELOPMENT
ARCHITECTURAL REVIEW COMMISSION/BARRIO LATINO COMMISSION
HISTORIC PROPERTY AD VALOREM TAX APPLICATION

TO BE COMPLETED BY ARCHITECTURAL REVIEW & HISTORIC PRESERVATION STAFF

ARC/BLC# _____ Receipt No.: _____ Date Received _____ Verification Legal Description

Public Hearing Date: _____ Initials: _____

BUILDING/PROPERTY ADDRESS: _____

PROPERTY OWNER: _____ DAYTIME PHONE#: _____

OWNER MAILING ADDRESS: _____ FAX#: _____

CITY, STATE: _____ Email: _____

ZIP CODE: _____ CELL#: _____

AUTHORIZED AGENT: _____ Email: _____

COMPANY: _____ FAX: _____

AGENT ADDRESS: _____ DAYTIME PHONE: _____

CITY, STATE: _____ CELL: _____

ZIPCODE: _____

ZONING DISTRICT: _____ TAX FOLIO NUMBER: _____

CURRENT USE: _____ PROPOSED USE: _____

LEGAL: BLOCK _____ LOTS _____ SUBDIVISION _____

Hyde Park ___ Seminole Heights ___ Tampa Heights ___ Ybor City ___ Local Landmark ___ National Listing ___

PLEASE CHECK ONE:

- PART I – PRE-REHABILITATION /SECTION 1
- PART I – PRE-REHABILITATION /SECTION 2
- PART II – POST REHABILITATION – SECTION 3

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

Notary Public, State of Florida

My Commission Expires: _____

"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/BARRIO LATINO 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 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/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

My Commission Expires:

this _____ day of _____, 20 _____

NOTARY PUBLIC



**CITY OF TAMPA
 PLANNING & DEVELOPMENT
 HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
 PART II – POST REHABILITATION**

SECTION 3

Instructions

Upon completion of the restoration, rehabilitation or renovation project, complete this part of the application with attached photographs of the completed work (views of site improvements, exterior and interior work for buildings) and submit to the City of Tampa Architectural Review & Historic Preservation Office. Please call (813)274-3100 for an appointment for your submittal. The **COLOR** photographs must be at least 3” x 5” and preferably formatted in a landscape orientation. Photographs should be the same angles and views as the *before* photographs included in Part I-Pre-Rehabilitation/Section 2, of the application. Also included should be a comprehensive description of the photographs. Type or print clearly. The final recommendation of the ARC/BLC Board, with respect to the requested Historic Preservation Property Tax Exemption, is made on the basis of the photographs and descriptions in Part II.

1. Property identification and location:

Property Identification Number (PIN) or Folio Number: _____
 Address of property: Street _____
 City _____ County _____ Zip Code _____

2. Data on restoration, rehabilitation, or renovation project:

Project starting date _____ Project completion date: _____
 Estimated cost of entire project: \$ _____
 Estimated costs attributed solely to work on historic buildings or archaeological site: \$ _____

3. Owner Attestation: I attest that the information provided is, to the best of my knowledge, correct and is consistent with the work described in the Application. I also attest that I am the owner of the property described above or the duly authorized representative of the owner. Further, I agree to allow access to the property by appropriate representatives of the local government from which the exemption is being requested, for the purpose of verification of information provided in the Application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of Tampa and Hillsborough County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.

Print Name	Signature	Date

Complete the following if signing for an organization or multiple owners (See next page for additional owners):

Title	Organization name

Mailing Address _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone #:** _____

**HISTORIC PROPERTY AD VALOREM TAX EXEMPTION APPLICATION
PART II – POST REHABILITATION**

SECTION 3

List Additional Owners:

Name _____

Street _____

City _____ **State** _____ **Zip Code** _____

Name _____

Street _____

City _____ **State** _____ **Zip Code** _____

Name _____

Street _____

City _____ **State** _____ **Zip Code** _____

If there are additional owners, provide the indicated information for each on a separate sheet of paper.



**CITY OF TAMPA
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PART II – POST REHABILITATION**

SECTION 3

Application Review:

Property Identification Number (PIN) or Folio Number: _____

Property Address: _____

The City of Tampa Architectural Review & Historic Preservation Office has reviewed Part II, Section 3 of the Historic Property Ad Valorem Tax Exemption Application for the above named property and hereby:

- () Determines that the completed improvements to the property **are consistent with the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings**, and other criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends approval** of the requested historic preservation tax exemption.
- () Determines that the completed improvements to the above referenced property **are not consistent with the Secretary of the Interior’s Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings**, and other criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends denial** of the requested historic preservation tax exemption for the reasons stated in the Review Comments below.

Review Comments:

Signature _____
Dennis Fernandez, Manager, Architectural Review & Historic Preservation

Date _____