CITY OF TARPON SPRINGS, FLORIDA **Heritage Preservation Board** Application for Designation of Historic Property

(Please type or print clearly)

Property Owner(s)								
Name			Email					
Address								
City		State				Zip		
Phone	Fax				Cellula	ır		
Applicant								
Name			Email					
Address								
City		State	9			Zip		
Phone	Fax		Cel		Cellula	lar		
Agent (if applicable)								
Name				Email				
Address								
City		State			Zip			
Phone	Fax		Cel		Cellula	ır		
General Information								
Property Location or Address								
Legal Description (attach additional shee	ts as necessary)						
Tax Parcel Number(s)			Current Designations of Property					
		Land	l Use Ca	tegory		Zonin	g District	
Current Use of Property			Is property within Historic District?					
Date of Construction/Development								
Historic Designation Requested: [p	lease check o	nly one]						
□ Site			rcheolo	gical D	District			
Archeological Site		В	Building					

District

□ Structure

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Description of Physical Appearance: [attach additional sheets if necessary]

The following must be furnished with this application: [incomplete applications will not be accepted]

- **Completed original application with digital copies of all application documents**
- **¹** \$250.00 application fee plus advertisement costs which will be invoiced upon calculation by Staff
- Property survey, signed and sealed by a professional land surveyor
- A written description of the historical, cultural, architectural, and archeological significance of the property or properties recommended for designation, including the dates of construction and names of former owners if available.
- An identification of all structures within a proposed district, classifying them as contributing or noncontributing, with an explanation of the criteria used in developing the classification.
- A legal description of the boundaries of the site, structure, or district recommended for designation; an explanation of the reasons for those boundaries; and a map or survey illustrating the boundaries.
- Photographic documentation of individual sites and structures recommended for designation.
- **D** The names and addresses of all property owners of record affected by the application.

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AFFIDAVIT

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership by contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application.

I (we) certify that	is (are) duly designated as the agent(s) for the
AGENT	
owner, that the agent(s) is (are) authorized to pro	vide subject matter on the application contained
herein, whether verbal or written, and appear at any	public hearing(s) involving this petition.

I (we) assent to the City's Comprehensive Plan as it applies to the property. Further, it is understood that this application must be complete and accurate and the appropriate fee paid prior to processing.

Date:	Title Holder/Property Owner:						
Date:	Title Holder/Property Owner:						
Date:	Title Holder/Property Owner:						
Date:	Tit	tle Holder/Property Own	er:				
STATE OF FLORIDA)						
COUNTY OF PINELLAS)						
The foregoing instrument wa	s acknowledge	ed before me this	day of	, A.D., 20			
byPROPERTY OWNER	NAME PRINTED	, who is p	ersonally known to me	or who has produced			
		NOTARY PUBLIC	>				
		Name:					
		Signature: _					
		Stamp:					