

**CITY OF TARPON SPRINGS, FLORIDA**  
**Heritage Preservation Board**  
**Application for Appeal**

Return to:  
 Planning & Zoning Department  
 324 E. Pine Street  
 Tarpon Springs, FL 34689  
 (727) 942-5611

*(Please type or print clearly)*

**Property Owner(s)**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**Applicant**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**Agent (if applicable)**

Name		Email	
Address			
City		State	Zip
Phone	Fax		Cellular

**General Information**

Property Location or Address		
Legal Description (attach additional sheets as necessary)		
Tax Parcel Number(s)	<b>Current Designations of Property</b>	
	<table border="1"> <tr> <td>Land Use Category</td> <td>Zoning District</td> </tr> </table>	Land Use Category
Land Use Category	Zoning District	
Current Use of Property	Contributing Structure? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**Previous HPB Action:** [please check all that apply]

Certificate of Approval                      Date of HPB Denial \_\_\_\_\_

Economic Hardship Exemption              Date of HPB Denial \_\_\_\_\_

**Justification for Appeal:** [attach additional sheets if necessary]

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**Relief Requested:** [attach additional sheets if necessary]

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**The following must be furnished with this application: (incomplete applications will not be accepted)**

- Completed original application with digital copies of all application documents**
- \$50.00 application fee plus advertisement costs which will be invoiced upon calculation by Staff
- Property survey, signed and sealed by a professional land surveyor
- Mailing labels for public notices and applicable postage charges. (City staff will prepare the labels and calculate postage charges when a complete application is submitted.)

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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 owner, that the agent(s) is (are) authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition.

AGENT

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: _____	Title Holder/Property Owner: _____

**STATE OF FLORIDA**            )  
**COUNTY OF PINELLAS**        )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

PROPERTY OWNER NAME PRINTED

NOTARY PUBLIC

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: