

Planning & Development Department Application for Historic Designation

ALL APPLICATIONS ARE TO BE FILLED OUT COMPLETELY AND CORRECTLY, AND SUBMITTED IN PERSON (NO FAX OR DELIVERIES) TO THE PLANNING & DEVELOPMENT DEPARTMENT.

ORIGINAL APPLICATION THAT IS SIGNED AND NOTARIZED AND SUPPLEMENTAL MATERIALS AS REQUIRED WITHIN ARE TO BE SUBMITTED FOR REVIEW BY THE PLANNING AND DEVELOPMENT DEPARTMENT.

IT IS INCUMBENT UPON THE APPLICANT TO SUBMIT COMPLETE AND CORRECT INFORMATION. ANY MISLEADING, DECEPTIVE, INCOMPLETE OR INCORRECT INFORMATION MAY INVALIDATE YOUR APPLICATION.

THE APPLICANT, BY FILING THIS APPLICATION, AGREES TO COMPLY WITH ALL APPLICABLE REQUIREMENTS OF THE COMMUNITY DEVELOPMENT CODE.

PROPERTY OWNER(S)	
(LIST ALL OWNERS ON DEED):	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL:	
AGENT OR REPRESENTATIVE:	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL:	
BUSINESS NAME:	
STREET ADDRESS:	
PARCEL NUMBER(S):	
LEGAL DESCRIPTION:	
LEGAL DESCRIPTION:	
-	
DESCRIPTION OF REQUEST:	
-	
_	



FUTURE LAND USE

Planning & Development Department Application for Historic Designation Data Sheet

PLEASE ENSURE THAT THE FOLLOWING INFORMATION IS FILLED OUT, IN ITS ENTIRETY. FAILURE TO COMPLETE THIS FORM WILL RESULT IN YOUR APPLICATION BEING FOUND INCOMPLETE AND POSSIBLY DEFERRED UNTIL THE FOLLOWING APPLICATION CYCLE.

PLAN DESIGNATION:			
ZONING DISTRICT:			
SPECIAL AREA PLAN:			
PARCEL SIZE:	acres		square feet
I (we) the undersigned askn		ORIDA, COUNTY OF PINELLAS	re true and accurate to the best of my
		photograph the property describ	ed in this application.
			ore me this day of
			, by
			, who is personally known/has
Signature of property owner of	or representative	produced	as identification.
orginature or property owner of	or representative		
		Notary public,	
Signature of property owner of	or representative	My commission expires:	
Signature or property owner t	л тергезептануе		



Planning & Development Department Application for Historic Designation Submittal Package Instructions & Checklist and Information for Applicants

	ADDITION TO THE COMPLETED APPLICATION FOR HISTORIC DESIGNATION FORM, ALL APPLICATION PACKAGES SHALL CLUDE THE FOLLOWING SUPPLEMENTAL MATERIALS:
	Map showing the location and boundaries of the property or district
	Report including the historic, architectural or archaeological value of the property or district
	Present and projected economic trends and conditions relating to the maintenance, development or redevelopment of the property or district
	A list of contributing and noncontributing properties within the district (if applicable)
ΑT	TENDANCE AT PUBLIC HEARINGS
The	e applicant or applicant's representative is encouraged to attend City Council public hearings.
STA	ANDARDS FOR DESIGNATION
The	e following shall be used in evaluating proposed historic properties:
	Whether the property or district is associated with events that have made a significant contribution to the broad pattern of city, state or national history;
	Whether the property or district is associated with the lives of persons significant in history;
	Whether the property or district possesses distinctive characteristics of a type, period or method of construction, or the representation of the work of a master, or the possession of artistic values;
	Whether the property or district has yielded or may be likely to yield information important in prehistory or history.
PRO	OPERTY CLASSIFICATION
If r	equest for historic designation is approved, properties and districts will be classified additionally as follows:
	Exceptional - Satisfies each of the four criteria.
	Excellent - Satisfies three of the above criteria.
	Notable - Satisfies two of the above criteria.

• Of value as part of the scene - Satisfies one of the above criteria.



Planning & Development Department Application for Historic Designation Affidavit to Authorize Agent/Representative

1.	Provide names of all property owners on deed – PRINT full names:						
2.	holder(s) of the following described property:	_					
3.	That this property constitutes the property for which a request for (describe request):						
4.	That the undersigned (has/have) appointed and (does/do) appoint:						
as (his/their) agent(s) to execute any petitions or other documents necessary to affect such petition; 5. That this affidavit has been executed to induce the City of Clearwater, Florida to consider and act on the a described property;							
6.							
7.	That (I/we), the undersigned authority, hereby certify that the foregoing is true and correct.						
	Property Owner (Signature)	Property Owner (Signature)	_				
	Property Owner (Signature)	Property Owner (Signature)	_				
	STATE OF FLORIDA, COUNTY OF PINELLAS						
	BEFORE ME THE UNDERSIGNED, AN OFFICER DULY COMMISSIONED BY THE LAWS OF THE STATE OF FLORIDA, ON						
	THIS DAY OF	,,, PERSONALLY APPEARED)				
		WHO HAVING BEEN FIRST DULY SWOR	N				
	DEPOSED AND SAYS THAT HE/SHE FULLY UNDERSTANDS THE CONTENTS OF THE AFFIDAVIT THAT HE/SHE SIGNED.						
		Notary Public Signature My Commission					
No	tary Seal/Stamp	Expires:	-				