

City of Safety Harbor Petition for LOCAL HISTORIC LANDMARK DESIGNATION

Date Received:	
File Number:	
Staff Reviewer:	

1. PROPERTY OWNER:

Name:		
Address:		
Telephone:	Fax:	E-Mail:

2. PETITIONER (if same as property owner, write "Same"):

Name:		
Address:		
Telephone:	Fax:	E-Mail:

3. GENERAL INFORMATION:

Name of Property:			
Address:			
Historic Designation Requested:			
<input type="checkbox"/> Site	<input type="checkbox"/> Archeological Resource	<input type="checkbox"/> Building	<input type="checkbox"/> Other Structure
Date(s) of Construction or Development:			
Is the property on the Florida Master Site File?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you claim vested rights or estoppel?		<input type="checkbox"/> Yes (If yes, please explain)	<input type="checkbox"/> No

5. SUMMARY OF REASONS FOR REQUESTING LOCAL HISTORIC LANDMARK DESIGNATION:

7. REQUIRED INFORMATION:

- 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.
- Proof of Ownership (Copy of Warranty Deed, Title Certification, etc.)
- A legal description of the boundaries of the site, structure or building 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.

8. APPLICATION FEES (Must be paid prior to processing):

Type	Review Fee	Public Notice Fee	Total
Designation of Historic Property	\$100	\$0	\$100

NOTARIZED AFFIDAVIT

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

I/we, certify that _____ and _____ 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. Further, it is understood that this application must be complete and accurate, and the fee paid prior to processing.

STATE OF FLORIDA
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this

____ day of _____ 20__ by _____ They are Personally Known OR

Produced Identification _____ Type of identification _____

Signature of Title Holder

Printed Name of Title Holder

Signature of Title Holder

Printed Name of Title Holder

Signature of Notary

Name of Notary [typed, printed or stamped]

NOTARY STAMP