

**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



**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**