



Planning Department
100 South Myrtle Avenue
Clearwater, Florida 33756
Telephone: 727-562-4567
Fax: 727-562-4865

CASE #: _____
RECEIVED BY (staff initials): _____
DATE RECEIVED: _____

SUBMIT ORIGINAL SIGNED AND NOTARIZED APPLICATION

HISTORIC DESIGNATION APPLICATION

(Revised 06/26/2009)

~PLEASE TYPE OR PRINT~

A. APPLICANT, PROPERTY OWNER AND AGENT INFORMATION: (Code Section 4-202.A)

APPLICANT NAME: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____ FAX NUMBER: _____
CELL NUMBER: _____ EMAIL: _____
PROPERTY OWNER(S): _____
List ALL owners on the deed _____

B. PROPERTY INFORMATION: (Code Section 4-202.A)

BUSINESS NAME: _____
STREET ADDRESS _____
PARCEL NUMBER(S): _____
PARCEL SIZE (acres): _____ PARCEL SIZE (square feet): _____
LEGAL DESCRIPTION: _____
ZONING DISTRICT: _____
SPECIAL AREA PLAN: _____

C. SUBMITTAL REQUIREMENTS: (Code Section 4-607.B)

- A map showing the location and boundaries of the property or district;
- Report including the historic, architectural or archeological value of the property or district, and it's relationship to the history, government or culture of the City;
- 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.

D. STANDARDS FOR DESIGNATION: (Code Section 4-607.F)

- 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.

E. SIGNATURE:

I, the undersigned, acknowledge that all representations made in this application are true and accurate to the best of my knowledge and authorize City representatives to visit and photograph the property described in this application.

STATE OF FLORIDA, COUNTY OF PINELLAS
Sworn to and subscribed before me this _____ day of _____, A.D. 20____ by _____, who is personally known to me or _____ who has _____ produced as _____ identification.

Signature of property owner or representative

Notary public,
My commission expires: