



**HISTORIC PRESERVATION PROPERTY
TAX EXEMPTION APPLICATION
PART 1 -- PRECONSTRUCTION APPLICATION**

Instructions: Read the attached instructions carefully before completing this application. Your application cannot be evaluated unless it is complete and all required supporting materials are provided. In the event of any discrepancy between the application for and other supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence. Type or print clearly in black ink. This form needs to accompany a completed Certificate of Appropriateness (COA) form. If additional space is needed, attach additional sheets.

A. GENERAL INFORMATION (To be completed by all applicants)

1. Property identification and location:

Property Identification Number (from tax records) _____ (*Attach legal description*)

Address of property: Street _____

City _____ County _____ Zip Code _____

() Individually listed on the National Register of Historic Places () In a National Register Historic District

() Individually listed on the Local Register of Historic Places * () In a Local Register Historic District

** For applications submitted to the Division of Historical Resources, attach a copy of the local designation report for the property and the official correspondence notifying the property owner of designation.*

Name of Historic District _____

For locally designated historic properties or landmarks, or properties located in locally designated historic districts, provide the following additional information:

Name of local historic preservation agency/office _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

2. Type of request:

() Exemption under 196.1997, F.S. (Standard exemption)

() Exemption under 196.1998, F.S. (Exemption for properties occupied by non-profit organizations or governmental agencies and regularly open to the public.) *If applying under 196.1998, F.S., complete Section D. SPECIAL EXEMPTION*

3. Owner Information:

Name of individual or organization owning the property _____

Mailing Address _____

City _____ State _____ ZipCode _____

Daytime Telephone Number (____) _____

If the property is in multiple ownership, attach a list of all owners with their mailing addresses.

Property Identification Number _____

Property Address _____

4. Owner Attestation: I hereby attest that the information I have provided is, to the best of my knowledge correct, and that I own the property described above or that I am the authority in charge of the property. Further, by submission of this application, I agree to allow access to the property by representatives of the appropriate representatives of the local government form which the exemption is being requested, to the purpose of verification of information provided in the application. I also understand that, if the requested expiation is granted, I will be required to enter into a covenant with the local government grant the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption.

Name Signature Date

Complete the following if signing for an organization of multiple owners:

Title Organization Name

B. EVALUATION OF PROPERTY
(To be completed only for properties in historic or archaeological districts)

5. Description of Physical Appearance:

Date of Construction _____ Date(s) of Alteration(s) _____

Has building been moved? () Yes () No If so, when? _____

6. Statement of Significance:

7. Photographs and Maps:

Attach Photographs and Maps to Application

Property Identification Number _____

Property Address _____

C. PROPERTY USE (To be completed by all applicants)

1. Use(s) before improvement: _____

2. Proposed use(s): _____

D. SPECIAL EXEMPTION (complete only if applying for exemption under s. 196.1998, F.S., property occupied by non-profit organization or government agency and regularly open to the public)

NOTE: Applicants should check with local officials to determine whether or not the exemption program offered by their municipal government and/or county allows the special exemption provided by s. 196.1998, F.S.

1. Identify the governmental agency or non-profit organization that occupies the building or archaeological site.

2. How often does this organization or agency use the building or archaeological site? _____

3. For buildings, indicate the total usable area of the building in square feet. (For archaeological sites, indicated the total area of the upland component in acres) _____ square feet () acres ().

4. How much areas does the organization or agency use? _____ %.

5. What percentage of the usable area does the organization or agency use? _____ %.

6. Is the property open to the public? () Yes () No. If so, when? _____

7. Are there regular hours? () Yes () No. If so, what are they? _____

8. Is the property open by appointment? () Yes () No

9. Is the property open only by appointment? () Yes () No

PART 1 PRECONSTRUCTION APPLICATION REVIEW
For Local Historic Preservation Office or Division Use Only

Property Identification Number _____

Property Address _____

The () Local Historic Preservation Office () Division, has reviewed Part 1 (Preconstruction Application) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:

- () Certifies that the above referenced property qualifies as a historic property consistent with the provisions of s. 196.1997 (11), F.S.
- () Certifies the above referenced property does not qualify for the special exemption provided under s. 196.1997, (11) F.S.
- () Certified that the above referenced property qualifies for the special exemption provided under s. 196.1998, F.S., for properties occupied by non-profit organizations or government agencies and regularly open to the public.
- () Certified that the above referenced property does not qualify for the special exemption provided under s. 196.1998, F.S.
- () Determined that improvements to the above referenced property are consistent with the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings, and the criteria set forth in Chapter 1A-38, F.A.C.

Review Comments: _____

Additional Review Comments attached? Yes () No ()

Signature _____

Typed or printed name _____

Title _____

Date _____