

100 NW 1st AVENUE, DELRAY BEACH, FLORIDA 33444	(561) 243-7040   (561) 243-72	21 (fax) I www.delraybeachfl.gov
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HISTORIC DESIGNATION APPLICATION						
PROPOSED HISTORIC DISTRICT/SIT			LIGATION			
ADDRESSES OR GENERAL LOCATI	ON OF SITE:					
PROPERTY CONTROL NUMBER:						
LEGAL DESCRIPTION (ATTACH SEF	PARATE SHEET IF NECESS	ARY AND	ATTACH MS	WORD FOR	RMAT):	
	CONTACT IN	FORMAT	ION			
PROPERTY OWNER	••••••••					
PROPERTY OWNER NAME						
ADDRESS				CITY	STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL A	DDKE22			
APPLICANT (IF DIFFERENT THAN O	WNER)					
APPLICANT NAME						
ADDRESS				CITY	STATE	ZIP CODE
TELEPHONE NUMBER	NE NUMBER EMAIL A		DDRE22			
DESIGNATED AGENT		<u> </u>				
APPLICANT NAME						
ADDRESS				CITY	STATE	ZIP CODE
					<u> </u>	
TELEPHONE NUMBER	ELEPHONE NUMBER EMAIL A		DDRESS			
Notes:		<u>i</u>				
This Application shall be submitted v						
Contact Development Services at 5				r application s	submittal re	eview.
	EXISTING PROPER		1			
ZONING DISTRICT	LAND USE DESIGNATIO	ON HISTORIC DISTRICT, INDIVIDUALLY DESIGNATED, OR OVERLAY DISTRICT				
			(INDICATE IF			
DATE OF ORIGINAL CONSTRUCTIO	<u> </u> או			20 0, 2,		0112011
EXISTING USE	SIZE OF PROPERTY SQ.FT. ACRES		LOT DIMENSI	WIDTH		DEPTH
				_FRONTAGE	: 	
				-		

#### **OWNER'S CONSENT**

I \_\_\_\_\_\_ (\*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

hereby petition to the City of Delray Beach for \_\_\_\_\_\_\_ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. I consent to inspections, photographing and placement of signs on the subject property by City Staff for purposes of consideration of this application and/or presentation to the approving body. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

# SIGNATURE - OWNER

The foregoing instrumen	it was acknowledged	before	me by	means of $\Box$ physical	presence or 🗆 online
notarization, this	_day of	, 20_	, by		(name of person
acknowledging), who h	as produced			as identification and	d/or is personally known
to me.					

SIGNATURE - NOTARY PUBLIC

#### PRINT NAME - NOTARY PUBLIC

NOTARY SEAL OR STAMP

My Commission Expires:

### OWNER'S DESIGNATION OF AGENCY

(\*Owner's Name as it appears on the recorded warranty deed, see notes below if owned by a business), the fee simple owner of the property with the following legal description (as it appears on the warranty deed; attach separate sheet if necessary):

hereby affirm that

\_\_\_\_ (Agent's Name) is hereby designated to act as for (application

agent of my behalf to petition the City of Delray Beach for \_\_\_\_\_\_ (application type). I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of the City of Delray Beach, Florida, and are not returnable.

#### SIGNATURE - OWNER

The foregoing instrument was acknowle	dged before me by	means of □ physical presence or □ onlir	ne
notarization, thisday of	, 20, by	(name of perso	วท
acknowledging), who has produced		as identification and/or is personally know	√n
to me.			

SIGNATURE - NOTARY PUBLIC

NOTARY SEAL OR STAMP

# PRINT NAME - NOTARY PUBLIC

My Commission Expires:

\*NOTE: When an application is executed on behalf of a corporation or business entity, documentation must be provided which demonstrates that the corporation's representative is authorized to act on behalf of the corporation; these forms are available on the website under Supplemental Forms.

# AFFIDAVIT: FOR APPLICATIONS THAT REQUIRE NOTICES

Before me, the undersigned authority, personally appeared\_ being by me first duly sworn, acknowledges and confirms: \_\_\_\_\_, who (Agent or Applicant's Name)

- That the accompanying property owners list is, to the best of my knowledge, a complete and accurate list of all property owners' names, mailing addresses, and legal descriptions of all property lying within five hundred feet (500') of the subject property as recorded on the latest official County tax rolls.
- That certain documents such as, mailing list, labels, certificate of attorney or consent forms, might be required to be revised or updated if older than 6 months from the application submittal date.
- That the subject property is legally described as follows (give legal description):

(Agent or Applicant's Signature)

The foregoing instrument was acknowledged I	before	me by means of 🗆 physical p	presence or 🗆 online
notarization, thisday of	_, 20	_, by	(owner property
name), who has produced		_as identification and/or is p	personally known to
me.			

NOTARY SEAL OR STAMP

(Print Name of Notary Public)

(Signature of Notary Public)

# Notice Information:

The required notice information and documents must be obtained from the Palm Beach County Public Records Dept. Phone: 561-355-2881 Email: <u>pa-pubsvc@pbcgov.org</u>. South County Service Center Phone: 561-276-1250

The required mailing labels must be typed and state the property owner's name, mailing address and property control number (PCN#). (When Condominiums are included, the names and addresses of all owners must be submitted. The returned address label must be attached to each envelope and state the following information: City of Delray Beach, Development Services Department, 100 NW 1st Ave, Delray Beach, FL 33444. Postage may be in the form of stamps or metered postage; for metered postage, applicants are responsible for any additional cost and to ensure that the mailing date is turned off.

	APPLICATION ACKNOWLEDGEMENTS			
Pleas	e read the following and acknowledge below:			
•	• A pre-application meeting with a member of the Department is required and can be scheduled by appointment at 561-243-7040, ext. 6055, or <u>pzmail@mydelraybeach.com</u> . Please identify;			
	Meeting date			
	Name of department member(s) present			
•	All documentation submitted for this application is considered a public record subject to Chapter 119 of the Florida Statutes and shall be disclosed upon request.			
•	I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by the City of Delray Beach, Florida to process this application.			
•	The applicant is responsible for postponement and additional advertising fees along with providing revised notice requirements when a request for postponement is submitted by the applicant or the item is delayed due to an Act of God or the representative's absence/tardiness to attend the meeting and present the item.			
•	Certain documents such as, mailing list, certificate of attorney or consent forms, might be required to be revised or updated if older than 6 months from the application submittal date.			
•	Applications that are inactive for a period over three months, which there has been no action in good faith to move forward with the request, will receive a notification of closure and be given a grace period of 30-days before the file is closed. When a file is closed, a new, complete application, including any required fees, will be required to initiate the review process once again.			
•	When a final decision is made at a public meeting, and the appeal period has passed, the request is considered final. A new application, including any required fees and documents, is required to be submitted for consideration of new and redesigned proposals or additions and changes to previously acted on proposals.			
ſhe a	orementioned has been read and acknowledged by:			
	SIGNATURE - OWNER/APPLICANT SIGNATURE - DESIGNATED AGEN	IT		
	PRINT NAME - OWNER/APPLICANT PRINT NAME - DESIGNATED AGE	 NT		
	DATE SIGNED DATE SIGNE	D		