

City of St. Petersburg
Request for Review of Completed Work



INSTRUCTIONS: Upon completion of the restoration, rehabilitation or renovation, return this form with photographs of the completed work (both exterior and interior views for buildings) to the Local Historic Preservation Office. These photographs must provide a comprehensive description of the completed work. They should be the same views as the before photographs included in the Preconstruction Application. Type or print clearly in black ink. The final recommendation of the Local Historic Preservation Office with respect to the requested historic preservation property tax exemption is made on the basis of the descriptions in this Request for Review of Completed Work.

1. Property identification and location:

Property Identification Number _____

Address of property: Street _____

City _____ County _____ Zip Code _____

2. Data on restoration, rehabilitation or renovation project:

Project starting date: _____ Project completion date _____

Estimated cost of entire project: \$ _____

Estimated costs attributed solely to work on historic buildings or archaeological sites: \$ _____

3. Owner attestation: I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on ____, ____. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic Buildings, and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above, and if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the City of St. Petersburg and Pinellas County for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of St. Petersburg and Pinellas County in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

Name _____ Signature _____ Date _____

Title _____ Organization Name _____

Social Security or Taxpayer Identification Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number (____) _____

List Additional Owners:

Name _____

Street _____

City _____ State _____ Zip Code _____

Social Security or Taxpayer Identification Number _____

Name _____

Street _____

City _____ State _____ Zip Code _____

Social Security or Taxpayer Identification Number _____

If there are additional owners, provide the indicated information for each on a separate sheet of paper.

Review of Completed Work

For use only by Local Historic Preservation Office

Property Identification Number _____

Property Address _____

The Local Historic Preservation Office has reviewed Part 2 (Request for Review of Completed Work) of the Historic Preservation Property Tax Exemption Application for the above named property and Hereby:

- () Determines that the completed improvements to the above referenced property **are consistent** with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic buildings, and the criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends approval** of the requested historic preservation tax exemption.
- () Determines that the completed improvements to the above referenced property **are not consistent** with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic buildings, and the criteria set forth in Chapter 1A-38, F.A.C., and, therefore, **recommends denial** of the requested historic preservation tax exemption.

Review Comments: _____

Additional comments attached? Yes () No ()

Signature _____

Typed or printed name _____

Title _____

Date _____

**HISTORIC PRESERVATION PROPERTY TAX EXEMPTION APPLICATION
AMENDMENT SHEET**

Property Identification Number _____

Address of property: _____

City _____ County _____ Zip Code _____

Amendment: Indicate all changes in the project work, giving the originally proposed treatment and the amended work item description (use additional blank sheets if necessary):

[Large empty rectangular box for amendment details]

Attach drawings and photographs as necessary to illustrate the proposed changes.

Name Signature Date

Complete the following if signing for an organization or multiple owners (Attach page for additional owners):

Title Organization name

Social Security or Taxpayer Identification Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number (_____) _____

Local Historic Preservation Office use only

The Local Historic Preservation Office has reviewed the Amendment Sheet for the above named property and hereby:

- () Determines that the work described in this Amendment to the Historic Preservation Property Tax Exemption Application for the above referenced property **is consistent** with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic Buildings, and the criteria set forth in Chapter 1A-38, F.A.C.
- () Determines that the work described in this Amendment to the Historic Preservation Property Tax Exemption Application for the above referenced property **is not consistent** with the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitation Historic Buildings, and the criteria set forth in Chapter 1A-38, F.A.C. All work not consistent with the referenced Standards, Guidelines, and criteria are identified in the Review Comments. *Recommendations to assist the applicant in bringing the proposed work into compliance with the Standards, Guidelines, and criteria are provided in the Review comments.*

Review Comments: _____

Additional comments attached? Yes () No ()

Signature _____

Typed or printed name _____

Title _____

Date _____