

HISTORIC PRESERVATION PROPERTY TAX EXEMPTION PRECONSTRUCTION APPLICATION

OWNER INFORMATION

Name of Individual or Organization Owning the Property: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____

APPLICANT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone Number: _____

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 government agencies and regularly open to the public)

OWNER ATTESTATION:

I/we hereby attest that I/we own the property described herein or that I/we am/are legally the authority in charge of the property. My/our signature affirms and certifies that I/We understand and will comply with the provisions and regulations of the City of West Palm Beach Historic Preservation Ordinance and Design Guidelines as amended from time to time. It further certifies that any statements made in the application, documents attached to the application, and plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that the application, attachments, and fees become part of the Official Records of the Planning Department and are not returnable. The undersigned consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this application and/or presentation to the Historic Preservation Board. Applicants seeking approval of demolitions and/or new construction acknowledge that the City may erect signs on the subject property, which state the proposed action and the date of the Historic Preservation Board meeting. I/we also understand that, if the requested exemption is granted, I/we will be required to enter into a Covenant with the City of West Palm Beach granting the exemption in which I/we 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 or multiple owners:

Title Organization Name

ADDRESS OF PROPERTY: _____

PROPERTY IDENTIFICATION NUMBER: _____

LEGAL DESCRIPTION: _____

NAME OF HISTORIC DISTRICT: _____

DATE OF CONSTRUCTION: _____

HAS THE BUILDING BEEN MOVED? () Yes () No If Yes, when? _____

ADDITIONS AND ALTERATIONS: Provide date and description of additions and alterations to the property. (For example, "casement windows replaced with jalousie type, approximately 1974", "rear bedroom added, 1974"). _____

PROPERTY USE

USE(S) BEFORE IMPROVEMENT: _____

PROPOSED USE(S) AFTER IMPROVEMENT: _____

DESCRIPTION OF PHYSICAL APPEARANCE

EXTERIOR

Construction Materials: _____

Distinguishing Architectural Features (e.g., placement and type of windows; chimneys; porches; etc.): _____

INTERIOR

Distinguishing Features (e.g., decorative molding - dining room; limestone fireplace - living room; etc.): _____

ACCESSORY STRUCTURES

Describe the present appearance of any accessory structures on the property (e.g., outbuildings; garage; walls; etc.): _____

DESCRIPTION OF PROPOSED IMPROVEMENTS:

The following represents an itemization of work to be accomplished. ALL changes to the site, exterior features and interior features must be described. List each principal elevation affected and describe the impact on the existing features. Use additional pages if necessary. Include a numbered photograph of each elevation or detail and plans or drawings.

FEATURE 1	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo No. _____ Drawing No. _____	Describe work and impact on existing feature:

FEATURE 2	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo No. _____ Drawing No. _____	Describe work and impact on existing feature:

FEATURE 3	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo No. _____ Drawing No. _____	Describe work and impact on existing feature:

FEATURE 4	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	

FEATURE 5	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	

FEATURE 6	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	

FEATURE 7	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	

FEATURE 8	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	

FEATURE 9	
Feature _____ Approximate date of feature _____ Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo No. _____ Drawing No. _____	