

Case # CA- Address _____ Permit # _____	Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Payee _____ Receipt # _____
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CITY OF PUNTA GORDA

URBAN DESIGN
326 WEST MARION AVENUE
PUNTA GORDA, FL 33950
(941) 575-3372
UrbanDesign@CityofPuntaGordaFL.com

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

<input type="checkbox"/> No Charge – Staff Review (3 business days) \$50.00 Application Fee for HPAB Review (30-60 business days) <input type="checkbox"/> Signage <input type="checkbox"/> Variance/Special Exception <input type="checkbox"/> Demolish or moving of any structure in whole or in part	<input type="checkbox"/> Staff Approved <input type="checkbox"/> Staff Denied <input type="checkbox"/> HPAB Approved <input type="checkbox"/> HPAB Denied Comments: Approved by: _____
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Historic Significance: National Register Listed Structure National Register District Contributing Structure
 National Register District – Non-Contributing Structure Florida Master Site File Listed Structure
 Other Historic Structure _____

No structure, building, or sign shall be erected, reconstructed, altered, or restored on property within *The National Register Historic Overlay District*, property individually listed on the National Register, or property listed on the Florida Master Site File by the State of Florida Department of State, Bureau of Historic Preservation of the Division of Historical Resources, until such plans have been submitted to and approved by the City.

Required Contents of Applications When making application for Certificate of Appropriateness, applicants must submit the following information:

CERTIFICATE OF APPROPRIATENESS CHECKLIST	
<input type="checkbox"/> Application Fee (if applicable)	<input type="checkbox"/> Site plans
<input type="checkbox"/> Signed & Notarized Certificate of Appropriateness Application	<input type="checkbox"/> Complete materials list (Specifications & Product Images or Samples)
<input type="checkbox"/> Signed Affidavit Authorization for Agent (if applicable)	<input type="checkbox"/> Photographs or drawings relating the proposed project to the surrounding streetscape
<input type="checkbox"/> A copy of the deed or other evidence of ownership	<input type="checkbox"/> A scale drawing of the proposed sign, including proposed materials, message, lighting method, style and size of lettering, and a sketch or photograph showing the proposed location of the sign on the building or site
<input type="checkbox"/> Structural engineer's analysis of structure (Required for Demolitions)	
<input type="checkbox"/> Architectural elevations drawn to scale (if applicable)	

Application and all pertinent required data (listed below) MUST be submitted with this application

1. Owner(s) of Record					
Name					
Address	City	State	Zip		
Phone	Email address				
2. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)					
Name					
Address	City	State	Zip		
Phone	Email address				

Current Use of Property

Description of work to be performed – please be specific and include pictures when necessary

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

AFFIDAVIT		
_____ Signature of Owner or Authorized Agent	_____ Print Name & Title	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)		
I/We _____, property owner(s), hereby authorize _____ to act as Agent on our behalf regarding a <u>CERTIFICATE OF APPROPRIATENESS APPLICATION</u> on the property commonly known as _____ in Punta Gorda, Florida.		
_____ Signature of Property Owner	_____ Print Name of Property Owner	_____ Date
STATE OF _____) COUNTY OF _____)		
The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.		
_____ Notary Public, State of Florida	_____ My commission Expires	(Seal)