



APPLICATION FOR PRELIMINARY LOCAL HISTORIC DESIGNATION

June 2014

Submittal Requirements

- Completed "Application for Preliminary Local Historic Designation" (including signatures from all property owners). All owners of record are required to join in and consent to this application.
- Completed "Historic Designation Owner Consent". This form may be obtained from the Community Development Department.
- Attach copies of any historic photos of the property.

Property Owner Information

Name(s): _____
Address: _____
Telephone: _____
E-mail: _____

Historic Property Information—Complete this section to the best of your knowledge. Leave the field blank if the information is unknown.

Address: _____

Tax Account Number(s): _____

Indicate what type of historic resource this application seeks to give Contributing Resource status to:

- Building (architecture) Event Landscape Features Archaeological site

Date of Construction: _____

Architect: _____

Wall Construction: Masonry Frame Other: _____

Roof Material: Asphalt Shingle Wood Shake Tar & Gravel Concrete Tile
 Barrel Tile Slate Metal Other: _____

List any building additions or alterations, describing the type and approximate date:

List any information you have on previous owners, including name, approximate dates they lived at the property and any other known information:

Describe the architectural features that characterize the property (number of stories, type of siding or veneers, type of roof, roof slope, any applied architectural ornaments, type/style of windows, type of foundation, plan shape, etc.):

Any additional information that addresses the historic character of the property and its owners:

Property Owner(s) Signatures

I (we) verify that I (we) have received and read City Code, Chapter 10, Article XI, titled “Preservation of Historic Resources and Districts, Archaeological Site and Zones”. If approved for local historic designation, my (our) property will be subject to any relevant rules, regulations and allowances contained in the Historic Preservation Code. I (we) have contacted city staff and/or the historic preservation officer to answer any questions we have regarding the local historic designation of my (our) property prior to applying for said designation.

Property Owner (Print Name):

Signature:

Date:

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PLEASE RETURN TO:
Community Development Department
City of Melbourne
900 East Strawbridge Avenue
Melbourne, Florida 32901

HISTORIC DESIGNATION OWNER CONSENT

Owner:

Name(s): _____

Contact address: _____

Subject Property:

Legal Description: _____

PIN: _____

Commonly referred
to as (address): _____

Proposed Resource(s):

Entire Property _____ (all structures and all lot features)
Specific Structures on Property:
_____ Principal Structure / House
_____ Accessory structure
_____ Other: _____

Specific Lot Features of Property:
_____ Landscaping
_____ Fencing
_____ Other: _____

By signing this Owner Consent, I certify as follows:

1. I am the Owner of the Subject Property and the Proposed Resource listed above.
2. I hereby give my written consent and approval for the Proposed Resource upon the Subject Property listed above to be considered as a historic resource within the City of Melbourne.
3. I hereby give my written consent and approval for the Proposed Resource upon the Subject Property listed above to be categorized as a Historic Resource within the City of Melbourne, subject to the rules, regulations and restrictions of the City's Historic Preservation Code, as it may be amended from time to time, including the requirement to obtain a Certificate of Appropriateness.
4. I understand and agree that this consent and approval shall be deemed a covenant running with the land, and shall remain in full force and effect, and be binding upon me, my heirs, successors and assigns until such time as the same may be released in writing by the City Council of the City of Melbourne, Florida.

Signed and sealed
in the presence of:

OWNER(S):

Signature of Witness #1

Owner 1 Printed Name

Name Printed/Typed

Owner 1 Signature

Signature of Witness #2

Name Printed/Typed

STATE OF _____

COUNTY OF _____

The foregoing Owner Consent was acknowledged before me this _____ day of _____ 201____, by _____, who is personally known to me OR who has produced _____ as identification.

My commission expires:

Notary Public

Signature of Witness #1

Owner 2 Printed Name

Name Printed/Typed

Owner 2 Signature

Signature of Witness #2

Name Printed/Typed

STATE OF _____

COUNTY OF _____

The foregoing Owner Consent was acknowledged before me this _____ day of _____ 201____, by _____, who is personally known to me OR who has produced _____ as identification.

My commission expires:

Notary Public