

CERTIFICATE OF APPROPRIATENESS APPLICATION

This application is required for **ALL** applications submitted to the Planning, Zoning and Historical Preservation Division. Planning staff can answer any questions you have regarding the applications and the processes during Planner On-Call hours:

Monday – Wednesday, 10:00 a.m. – 1:00 p.m. | Tuesday – Thursday, 12:00 p.m. – 3:00 p.m.

Please make an appointment with planning staff if you require more than 15 minutes with a staff member. **NOTE: PRE-APPLICATION MEETING REQUIRED FOR ALL CASES TO BE REVIEWED BY THE HISTORIC RESOURCES PRESERVATION BOARD.**

Application Type (select all that apply):

- Exterior Alterations (roof, windows, doors, etc.)
 Addition New Construction Demolition Relocation
 Other: _____

PROJECT INFORMATION

Project Location: _____

Legal Description: _____

PCN: 38-43-44-__-__-__-__ Historic District: _____ Contributing?: _____

of buildings/structures on property: ___ What type?: _____

Current Use: _____ Change of Use Proposed?: _____

Total Estimated Cost of the Project: _____

Are you requesting consideration of Economic Hardship? ___ If yes, please include required checklist.

FOR OFFICE USE ONLY			
HRPB Project No.			
Associated Project Nos.			
Submittal Date		Sufficiency Date	
Project Planner Assigned			
Total Fee Amount	\$ _____	<input type="checkbox"/> PAID _____	<input type="checkbox"/> DUE _____

APPLICANT INFORMATION

Project Manager/Contact Person: _____

Company: _____

Address: _____
(Street Address) (City) (State) (Zip)

Phone No.: _____ E-Mail Address: _____

Applicant Name (if different from Project Manager): _____

Company: _____

Address: _____
(Street Address) (City) (State) (Zip)

Phone No.: _____ E-Mail Address: _____

Owner Name: _____

Address: _____
(Street Address) (City) (State) (Zip)

Phone No.: _____ E-Mail Address: _____

OWNER’S CONSENT (IF APPLICABLE)

_____ (“Owner”) certifies that it is the owner of the property located at _____ (“Subject Property”) and expressly consents to the use of the Subject Property as described in this application and to all conditions that may be agreed to as a part of the approval of this application, which may be imposed by the decision making board.

Owner hereby authorizes _____, as agent, to file this application and represent Owner at any and all meetings and hearings required for the approval of this application.

Owner’s Signature: _____ Date: _____

Name/Title of Signatory: _____

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____ who is personally known to me or who produced a _____ as identification. He/she did not take an oath.

(NOTARY SEAL)

(Signature of Notary Public)

(Name of Notary)

PROJECT INFORMATION

DESCRIPTION OF WORK:

Provide a **detailed** description of work to be done as a result of this application (attach additional sheets if necessary).

PRIOR APPROVALS:

Indicate any prior planning, zoning, historic or building approvals that you are aware of for the property (attach additional sheets if necessary).

REQUIRED ATTACHMENTS FOR ALL APPLICATIONS

- CERTIFICATE OF APPROPRIATENESS APPLICATION
 - Fill in all applicable fields and do not forget to include all required signatures.

- APPLICATION CHECKLIST
 - Include all additional items as specified on each project specific application checklist if applicable. **FENCES AND SIGNS** do not have additional application checklists. Additional information may be required by Staff depending on the scope of each project.

- JUSTIFICATION STATEMENT
 - Must address all compatibility criteria set forth in Section 23.5-4 Historic Preservation as applicable. See page 7 of this application for details. See the back of each applicable "Application Checklist" for details on additional specific criteria.

- PHOTOGRAPHS
 - A minimum of one photograph of all elevations effected by the proposed project, including detail shots of significant architectural features.
 - Digital, 35 mm, or disposable cameras. No Polaroids or Google Earth images.

AFFIDAVIT OF COMPLETENESS AND ACCURACY

INSTRUCTIONS: To be completed by the individual submitting the application (owner or authorized agent).

Project Location: _____ Submittal Date: _____

STATEMENT OF COMPLETENESS AND ACCURACY:

I hereby certify all property owners have full knowledge the property they own is the subject of this application. I hereby certify that all owners and petitioners have been provided a complete copy of all material, attachments and documents submitted to the City of Lake Worth relating to this application. I further 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 this application, related application material and all attachments become official records of the Planning, Zoning and Historic Preservation Division of Lake Worth, Florida, and will not be returned. 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 Palm Beach County to process this application. I further acknowledge that any plans that I have prepared or had prepared comply with the Fair Housing Standards. I further consent to the City of Lake Worth to publish, copy or reproduce any copyrighted documents submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

Check (✓) one: I am the property owner authorized agent.

(Name - type, stamp or print clearly)

(Signature)

(Name of Firm)

(Address, City, State, Zip)

STATE OF _____)
COUNTY OF _____)

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(Name of Notary)

SIGN POSTING AGREEMENT

(REQUIRED FOR ALL APPLICATION TO BE REVIEWED BY HISTORIC RESOURCES PRESERVATION BOARD)

Applicant: _____

Property Owner: _____

Contact Phone No.: _____

Property Location: _____

I, _____, hereby affirm that I will post the notification sign(s) provided to me for a minimum of ten (10) calendar days before the scheduled date of the hearing of Planning and Zoning Case No. _____.

Signature: _____ Date: _____

Name/Title of Signatory: _____

STATE OF)
COUNTY OF)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____ who is personally known to me or who produced a _____ as identification. He/she did not take an oath.

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(7) Chemical or physical treatments, such as sandblasting, that cause damage to historic materials, shall not be used. The surface cleaning of structures, if appropriate, shall be undertaken using the gentlest means least likely.

(8) Significant archeological resources affected by a project shall be protected and preserved. If such resources must be disturbed, mitigation measures shall be undertaken.

(9) New additions, exterior alterations or related new construction shall not destroy historic materials that characterize the property. The new construction shall be differentiated from the old and shall be compatible with the massing, size, scale and architectural features to protect the historic integrity of the property and its environment.

(10) New additions and adjacent or related new construction shall be undertaken in such manner that, if removed in the future, the essential form and integrity of the historic building and its environment would be unimpaired.

G. What are the effects of the requested change on those elements or features of the structure which served as the basis for its designation and will the requested changes cause the least possible adverse effect on those elements or features?

H. Such other supplemental guidelines for restoration and rehabilitation of historic properties which the HRPB may from time to time adopt.