

**Application Package**  
**DEMOLITION of Florida Master Site File Structures**

Application Number \_\_\_\_\_ - **FMSF** \_\_\_\_\_ - \_\_\_\_\_  
(For Official Use Only)

Date Received by City Auditor and Clerk: \_\_\_\_\_



# Historic Preservation

## **DEMOLITION** **Florida Master Site File Structures** **APPLICATION PACKAGE**

<b>FEES DUE AT SUBMISSION (include Check, payable to City of Sarasota):</b>
_____ <b>\$274.00 – Demolition Review FMSF per Section IV-824 (a) (Administrative Review)</b>
_____ <b>\$750.00 – Demolition Review FMSF per Section IV-824 (b) (Historic Preservation Board Review)</b>

# Application Package

## DEMOLITION of Florida Master Site File Structures

### Applicability:

Demolition of FMSF structures require either Staff or Historic Preservation Board approval prior to issuance of a demolition permit if the building(s) or structure(s) is potentially eligible for consideration by the National Register of Historic Places, historic designation by the City of Sarasota, or as a contributing building to a historic district.

### Application and Approval Process:

1. **Building Permit for Demolition Application, Completeness Review:** Applicants should submit the required forms for a building permit for demolition to the Development Services Department. The Development Services Department will refer the completed Building Permit for Demolition Application to the Planning Department's Historic Preservation staff and/or Historic Preservation Board for review.
2. **Florida Master Site File Structure Demolition Application:** Applications for demolition of Florida Master Site File structures are to be filed with the City Auditor and Clerk's Office. Please see the attached Submission Requirements Check List - FMSF Demolition.
3. **Completeness Review:** Upon receipt of a FMSF Demolition Application the Planning Department will review the application for completeness and may request additional information from the applicant.
4. **Historic Review:** If upon a historic review of the structure by staff it is determined the FMSF structure is non-contributing or is not eligible for either local or national designation, the Planning Department may authorize demolition of the non-contributing structure.
5. **Historic Preservation Board Action:** Structures that are determined by staff's historic review to be contributing to a Historic District or individually eligible for Local or National Designation require approval by the majority vote of the Historic Preservation Board. The applicant should be sure that a complete set of documents, including a narrative description of the measures taken to avoid, minimize or mitigate the adverse effect to the historic resource, should be submitted with their application.
6. **Agenda Deadline for the Historic Preservation Board:** Applications for Demolition - FMSF Structures must be filed twenty-one (21) days prior to the Board meeting at which the applicant desires to present the proposed application. The Board normally meets on the second Tuesday of each month.
7. **Historic Preservation Action:** The Historic Preservation Board will hold a public review on each application for Demolition of FMSF Structures. The applicant, or the legal agent of the

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applicant, must attend the Historic Preservation Board Meeting to explain the request to the Board. Following the Historic Preservation Board review, the Board may grant, grant with conditions, or deny the Application for Demolition.

8. **Certificate of Approval:** After the Board grants approval, or approval with conditions, the Planning Department will issue a FMSF Structure Demolition Approval to Permitting staff. A copy of the Certificate of Approval for FMSF Structure demolition will be issued to the applicant with the demolition permit.

### **Attachments:**

- Application Forms - Demolition of FMSF Structure
- Submission Requirements Checklist - Demolition of FMSF Structure
- Demolition Questionnaire
- Special Power of Attorney Affidavit Forms

### **Further Information:**

When materials from the structure to be demolished require re-used the applicant should contact salvage organizations. For further information call Dr. Clifford Smith of the Planning Department at (941) 263-6585.

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Florida Master Site File Structure  
Demolition Approval By Staff Application

CITY OF SARASOTA  
PLANNING DEPARTMENT  
1565 1<sup>ST</sup> STREET  
SARASOTA, FL 34236  
(941) 263-6585

1. Name of Applicant: \_\_\_\_\_
2. FMSF Demolition Application No.: \_\_\_\_\_ -FMSF- \_\_\_\_\_
3. Building/Demolition Permit No.: \_\_\_\_\_
4. Property Address: \_\_\_\_\_
5. Proposed Action: Demolition of \_\_\_\_\_

**Zoning Code Section IV-823 (a) Non-contributing or Ineligible Structures for either Local or National Designation** states:

***“The Neighborhood and Development Services Director may authorize demolition of any Florida Master Site File non-contributing structure or building that is not eligible for either local or national designation once the historic review has been completed.”***

6. **Staff Evaluation:** This is to certify that a Historic Review of the subject, non-contributing structure has been completed by staff of the Planning Department and that Approval of Demolition of the FMSF Structure described herein is consistent with the Sarasota City Plan and satisfies the applicable Zoning Code Standards for Review.
7. A Historic Review was completed on \_\_\_\_\_ and the structure is not eligible for the National Register of Historic Places. The structure is not eligible for Local Historic Designation. The structure is not eligible as a Contributing Historic Structure to a Historic District.

**Application Date:** \_\_\_\_\_

- Copy to Applicant
- Copy to Department File
- Copy Posted with Building Permit
- Copy to FMSF
- Copy to Clerk's Office

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**Submission Requirements Checklist – Demolition Historic Structure(s)**

<b>Submission Requirements</b>		Please Check
<b>NOTE: All items are to be folded to approximately 8 ½ X 11” size, collated and assembled into complete sets.</b>		
	Original and two (2) copies of this FMSF Structure - Demolition Application Package. (Includes checklist, application forms, demolition documents, photographs, and questionnaire for those application to be reviewed by the Historic Preservation Board)	
	Original and two (2) copies of the Special Power of Attorney Affidavit. <b>[If applicable].</b>	
	Copies of Demolition documents submitted with a Building Permit Application for Demolition, which have been reviewed for completeness by the Building Division, including (for those application to be reviewed by the Historic Preservation Board): <ul style="list-style-type: none"> <li>○ Ten (10) complete sets of demolition plans, no larger than 11 x 17 in size.</li> <li>○ Original and two (2) copies of a written, detailed description of the scope of work.</li> </ul>	
	Three (3) sets of photographs showing all elevations of the existing structure(s), plus the structure(s) relationship to the site (for those application to be reviewed by the Historic Preservation Board). <i>(Digital Photographs on CD are acceptable)</i>	

**I HEREBY CERTIFY THAT THE INFORMATION STATED IN THE ATTACHED APPLICATION FOR CERTIFICATE OF APPROPRIATENESS IS TRUE AND CORRECT.**

\_\_\_\_\_

*Name (please print)*

\_\_\_\_\_

*(Signature)*

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**Approval Application for a Florida Master Site File Structure - DEMOLITION**

1. Type of Structure to be Demolished: \_\_\_\_\_

2. Site Address: \_\_\_\_\_

3. Tax PIN #: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

4. Legal Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check if Attached)

5. List item(s) to be Permitted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Representative's Name: \_\_\_\_\_

Check if Representative/Agent (requires a Special Power of Attorney, see attached form)

a. Mailing address: \_\_\_\_\_  
(Street number and name, city, and zip code.)

b. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

7. Owner(s) Name: \_\_\_\_\_

a. Mailing address: \_\_\_\_\_  
(Street number and name, city, and zip code)

b. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

8. Owner's Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

9. Agent's Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

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**QUESTIONNAIRE**

PLEASE PRINT OR TYPE - If insufficient space is provided, please attach your response and any supplemental materials or explanation.

**Complete for Compliance with the Land Development Regulations, Section IV-823 b  
Applications to be Review by Historic the Preservation Board**

In approving the issuance of a demolition permit, the Historic Preservation Board will consider the criteria listed in the City of Sarasota Land Development Regulations, Section IV-823 b, Demolition Stay - Florida Master Site File Structures (see below).

**Please explain how the proposed demolition will comply with each of the criterion listed below.**

1. The historic or architectural significance of the building or structure.

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2. The importance of the building or structure to the ambiance of a district, if applicable.

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3. Whether salvage of elements of building or structure because of their design, texture, material, or detail is possible.

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4. The future utilization of the site.

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5. Whether documentation of the building or structure can be or has been completed.

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6. Whether the building or structure could be moved to a different location, considering its physical condition, its current location and whether the anticipated expense of the move would be economically feasible.

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**SPECIAL POWER OF ATTORNEY AFFIDAVIT (NOT CORPORATION)**

**STATE OF FLORIDA  
COUNTY OF SARASOTA**

This \_\_\_\_\_ day of \_\_\_\_\_  
I, \_\_\_\_\_ of \_\_\_\_\_  
the owner contract purchaser of \_\_\_\_\_  
(describe zoning lot(s) by address and tax PIN number and attach legal description) make, constitute,  
and appoint \_\_\_\_\_  
of \_\_\_\_\_ (insert address), my true and lawful attorney-in-fact,  
and in my name, place and stead giving unto said \_\_\_\_\_  
full power and authority to do and perform all acts and make all representations necessary, without any  
limitations whatsoever, to make application for said Certificate of Appropriateness-Demolition  
Application.

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full  
force and effect on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall remain in full force and effect  
thereafter until actual notice, be certified mail, return receipt requested is received by the City of Sarasota  
Planning & Development Division stating that the terms of this power have been revoked or modified.

\_\_\_\_\_  
**Signature - Owner/Contract Purchaser (circle one)**

**Print Name:** \_\_\_\_\_

**STATE OF FLORIDA  
COUNTY OF SARASOTA**

The foregoing Special Power of Attorney Affidavit was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or  
has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My commission expires: \_\_\_\_\_

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**SPECIAL POWER OF ATTORNEY AFFIDAVIT (CORPORATION)**

STATE OF FLORIDA  
COUNTY OF SARASOTA

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I, \_\_\_\_\_ as  
\_\_\_\_\_ (title of officer) of \_\_\_\_\_ (name of corporation),  
a \_\_\_\_\_ (state of incorporation) corporation, on behalf of the corporation as  
the  owner  contract purchaser of \_\_\_\_\_ (describe zoning lot(s)  
by address and tax PIN number and attach legal description) make, constitute, and appoint  
\_\_\_\_\_ of \_\_\_\_\_ (insert  
address), my true and lawful attorney-in-fact, and in my name, place and stead giving unto said  
\_\_\_\_\_ full power and authority to do and  
perform all acts and make all representations necessary, without any limitations whatsoever, to make  
application for said Certification of Appropriateness–Demolition Application.

The right, powers, and authority of said attorney-in-fact herein granted shall commence and be in full  
force and effect on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall remain in full force and effect  
thereafter until actual notice, be certified mail, return receipt requested is received by the City of Sarasota  
Planning & Development Division stating that the terms of this power have been revoked or modified.

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF SARASOTA

The foregoing Special Power of Attorney Affidavit was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_ (title of officer) of  
\_\_\_\_\_ (name of corporation), on behalf of the corporation. He/she is  
personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
State of Florida at Large

My commission expires: \_\_\_\_\_