

**Application Package  
Certificate of Appropriateness for MOVING Historic Structures**

**Petition Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(For Official Use Only)

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



# Historic Preservation

## CERTIFICATE OF APPROPRIATENESS APPLICATION PACKAGE

### MOVING Historically Designated Structures

## Application Package Certificate of Appropriateness for MOVING Historic Structures

**Applicability:** Certificates of Appropriateness are required for moving permits which affect historically designated building(s), structure(s), district(s), and site(s).

### **Application and Approval Process:**

1. **Building Permit Application - Completeness Review:** Applicants should submit the required forms and drawings for a building permit to the Building Division. The applicant should be sure that a complete set of documents, including building drawings and a description of the scope of work, is submitted. The Building Division will refer the completed Building Permit Application to the Historic Preservation Board for review. Complete sets of building permit documents are required for a Certificate of Appropriateness Application-Moving.
2. **Certificate of Appropriateness Application:** Applications for a Certificate of Appropriateness are filed in the City Auditor and Clerk's office. Please see the attached Certificate of Appropriateness Submission Requirements Checklist - Moving.
3. **Certificate of Appropriateness Application - Completeness Review:** Upon receipt of a Certificate of Appropriateness Application from the City Auditor and Clerk's Office, the Planning and Development Division will review the application for completeness and may request additional information from the applicant. Applications will not be advertised and placed on the Historic Preservation Board's agenda until they have been deemed complete.
4. **Agenda Deadline for the Historic Preservation Board:** Applications for a Certificate of Appropriateness 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 at 3:00 p.m.
5. **Notice of Public Hearing:** The notice of hearing will be publicly posted at Sarasota City Hall, 1565 1<sup>st</sup> Street three (3) days prior to the public hearing.
6. **Public Hearing:** The Historic Preservation Board will hold a quasi-judicial public hearing on each application for Certificate of Appropriateness. The applicant, or the legal agent of the applicant, must attend the public hearing to explain the request to the Board. Following the public hearing, the Board may grant, grant with conditions, or deny the Certificate of Appropriateness.
7. **Certificate of Appropriateness:** After the Board grants approval, or approval with conditions (and documents are provided as requested), the Planning and Development Division will issue a Certificate of Appropriateness - Moving to the Building Division. A copy of the Certificate of Appropriateness - Moving will be issued to the applicant with the building permit.

## **Application Package Certificate of Appropriateness for MOVING Historic Structures**

**NOTE:** If you are moving a historic building from one location to another location located within the City, approval from the Board of Adjustment is no longer required.

### **Attachments:**

- Certificate of Appropriateness Application Form - Moving
- Submission Requirements Checklist - Moving
- Certificate of Appropriateness for Historic Structures -Moving Questionnaire
- Special Power of Attorney Affidavit Forms

### **Further Information:**

For further information contact Dr. Clifford Smith, Senior Planner, of the Planning and Development Division at (941) 263-6585

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**Submission Requirements Checklist - MOVING 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 Certificate of Appropriateness Application Package. (Includes checklist, application form, and questionnaire)	<input type="checkbox"/>
	Original and two (2) copies of the Special Power of Attorney Affidavit. <b>[If applicable].</b>	<input type="checkbox"/>
	Moving Permit documents submitted with a Building Permit Application, which have been reviewed for completeness by the Building Division, including: <ul style="list-style-type: none"> <li>○ Ten (10) complete sets of moving drawings, no larger than 11 x 17 in size, and specifications</li> <li>○ Ten (10) copies of site 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>	<input type="checkbox"/>
	Three (3) sets of photographs showing relevant elevations of the existing structure(s), plus the building(s) relationship to the new site. <i>(Digital Photographs on CD are acceptable)</i>	<input type="checkbox"/>

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

\_\_\_\_\_

*Name (please print)*

*(Signature)*

**For use by the office of the City Auditor and Clerk**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Application Number: \_\_\_\_\_

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**Application for a Certificate of Appropriateness - MOVING**

1. Project or Structure Name: \_\_\_\_\_
  
2. Current 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.

**New Location**

**Property Address:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Compliance with the Land Development Regulations, Section IV-818 C**

In passing upon a certificate of appropriateness for the issuance of a moving permit, the Historic Preservation Board will consider the criteria listed in the City of Sarasota Land Development Regulations, Section IV-818 C.

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

1. The historic character and aesthetic interest the building or structure contributes to its present setting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The reason for the proposed move.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The proposed new setting and general environment of the proposed new setting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. Whether the building or structure can be moved without significant damage to its physical integrity.

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5. Whether the proposed relocation site is compatible with the historical and architectural character of the building or structure.

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6. When applicable, the effect of the move on the distinctive historical and visual character of a designated historic district.

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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-Moving 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  
Department of Planning & Redevelopment 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–Moving 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  
Department of Planning & Redevelopment 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: \_\_\_\_\_